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Epilepsy: An exploratory study of the business sectors' perceptions of employability

Candidate:

Joyce Chengetai Kanhema

KNHJOY001

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Supervisor:

Associate Professor Andre de V Smit

PLAGIARISM DECLARATION

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ABSTRACT

The research aimed to explore the perceptions of employers in employing people with epilepsy. The context of the topic of enquiry was that people with epilepsy often experienced difficulties in finding and maintaining regular employment and this had been recognised as an area with significant problems for people with epilepsy. The study adopted a quantitative research methodology using an online surveying instrument called *Survey Gizmo* to gather information on the perceptions of employers in employing people with epilepsy. The sample population consisted of corporates registered with the Cape Town Chamber of Commerce and Industry in 2010/11 as reflected on the Cape Town Chamber of Commerce and Industry's website. Data was analysed primarily using *Microsoft Excel 2007* and *Survey Gizmo* and presented thematically to reflect the diverse collection of the findings.

The findings were presented systematically and covered the areas of organisational data, knowledge about epilepsy, observable actual behaviours (employers employment practices) and future plans. It was revealed that employers did not have negative perceptions of employing people with epilepsy and did not put restrictions on their employment practices if the job was suitable, the individual was qualified and competent. Fundamental conclusions were derived from the findings and were presented here within. However, based on the conclusions, recommendations were made to the employers, the Department of Labour and Epilepsy South Africa.

DEDICATION

This thesis is dedicated to people living with epilepsy.

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CHAPTER 1

INTRODUCTION

1.1. Introduction

The topic of inquiry for this research study had been the perceptions of employers in employing people with epilepsy. This chapter focuses on the background of the study; rationale of the study; significance of the study; problem statement; research questions; research objectives; hypothesis of the study; and clarification of key concepts of the topic on inquiry.

1.2. Background of the study

People with epilepsy experience difficulties in finding and maintaining regular employment and this had been recognised as an area with significant problems for people with epilepsy (Smeets *et al.*, 2007). As referenced by some authors in their findings, they often categorize epilepsy as a disease or sickness, though in South Africa it is described both medically and legally as a disability in accordance with the Employment Equity Act (No. 55 of 1998), contrary to popular belief.

However, Thomas (2002) states that the employment equity in South Africa showed that South Africans with disabilities were both under-represented and under-utilised in the workforce. According to the White Paper on an Integrated National Disability Strategy (1997: 43) “Research undertaken in 1990 indicated that only 0,26 % of disabled people were employed in the open labour market.” “One of the greatest hurdles disabled people face when trying to access mainstream programs is negative attitudes. It is these attitudes that lead to the social exclusion and marginalization of people with disabilities”, (White Paper on an Integrated National Disability Strategy, 1997:23).

Concerning epilepsy, Epinews (2008) of Epilepsy South Africa of the Western Cape reported that people with epilepsy encountered discrimination, stigmatization and dismissal in the workplace. Thus, this research intended to explore the perceptions of employers in employing people with epilepsy.

1.3. Rationale of the study

Epilepsy South Africa is a Non Profit Organisation that renders services to people with epilepsy and other disabilities. The organisation has produced extensive literature on epilepsy and employment but mainly from the experiences of the people diagnosed with epilepsy. The researcher decided to pursue this subject in the interest of finding out about epilepsy and employment from the perspective of the employers' perceptions in employing people with epilepsy. It would seem, from the researcher's extensive reading that not much research has been done regarding epilepsy and employment, specifically in Cape Town. Babbie and Mouton (2001) state a good rationale for a study to be conducted occurs when there is a gap in research. This study hoped to better inform society on the perceptions of employers in employing people with epilepsy.

1.4. Significance of the study

The information obtained from the study will be significant to organisations that render services to people with epilepsy in South Africa as well as potential employers and other relevant stakeholders. However, by providing evidence-based information, this may influence the development of more effective policies and strategies that would result in creating opportunities for people with epilepsy to actively participate in the open labour market. Additionally, other organizations can use the information found in this research to determine the needs of corporate employers in employing people with epilepsy as a strategic move in strengthening partnerships.

1.5. Problem Statement

The aim of the research is to explore the perceptions of employers in employing people with epilepsy. The results from the findings would enlighten Epilepsy South Africa and other relevant stakeholders in improving their advocacy for people with epilepsy and other disabilities.

1.6. Research Questions

The research had sought to answer the following questions:

- 1.6.1 What was employers' understanding of epilepsy?
- 1.6.2 What were the company policies that governed the employment of people with epilepsy?
- 1.6.3 What were the factors considered for the employment of people with epilepsy?
- 1.6.4 What were the differential effects of epilepsy on employers' perceptions in the employment of people with epilepsy?
- 1.6.5 What were the perceptions of the employers in employing people with epilepsy?

1.7. Research Objectives

The research had sought to answer the following objectives:

- 1.7.1 To explore the understanding employers have of epilepsy;
- 1.7.2 To find out if companies had policies that governed the employment of people with epilepsy;
- 1.7.3 To investigate the factors considered for the employment of people with epilepsy;
- 1.7.4 To examine the extent of the differential effects of epilepsy on employers perceptions in the employment of people with epilepsy; and
- 1.7.5 To explore the perceptions of employers in employing people with epilepsy.

1.8. Hypothesis

- 1.8.1 It was hypothesised that employers had little or no knowledge and understanding of epilepsy;
- 1.8.2 It was hypothesised that there was high employer discrimination and a concern about stigma and social isolation in the workplace; and

1.8.3 It was hypothesised that employers' fears and misconceptions about epilepsy perceived employing people with epilepsy as risky and therefore restricted employment opportunities for people with epilepsy.

1.9. Concept Clarification

The following concepts were defined in the context of the research:

1.9.1 Perception

The American Heritage Dictionary of the English Language (2000) had defined perception as the process of attaining understanding of the condition by the employer in being able to employ a person with epilepsy based on qualifications and not on the misconceptions of the condition.

1.9.2 Epilepsy

Epilepsy is the symptom of a neurological condition that shows itself through seizures. A seizure is the temporary change in which the brain cells work. In most cases, epilepsy arises from a structural or chemical defect or imbalance in the brain. epilepsy manifests itself through different types of seizures based in two major categories namely Generalised seizures and Partial seizures. (Epinews, 2008: 15).

1.9.3 Disability

In terms of section 25 (5) of the Employment Equity Act (Act 55 of 1998) disability is defined as "...a long- term or recurring physical or mental impairment, which substantially limits entry or advancement into employment..."

1.10. Research method

A quantitative approach was pursued with a survey questionnaire administered in investigating the topic of enquiry.

1.11. Structure of the report

The thesis comprises of five chapters and a brief summary of each chapter (excluding the current chapter) will be discussed.

1.11.1. Chapter Two: Literature Review

This chapter presents a review of literature that focuses on issues in regards to epilepsy and employment as well as the South African statutes.

1.11.2. Chapter Three: Methodology

This chapter describes the methodology used in carrying out the study which was quantitative in nature. The chapter will discuss the methodological elements such as research design, sampling data collection, data analysis, limitations of the study, ethical considerations and reflexivity.

1.11.3. Chapter Four: Discussion of Findings

This chapter is an analysis of the findings of the research. The data is presented descriptively with the aid of visual forms for a better understanding of the findings.

1.11.4. Chapter Five: Conclusions and Recommendations

This chapter discusses the main conclusions and recommendations of the study. The conclusions are highlighted in accordance to the research objectives.

1.12. Conclusion

This chapter had explored the background of the study, rationale of the study, significance of the study, problem statement, research questions, research objectives, hypothesis of the study, concept clarifications, research method and structure of the report. The following chapter will be presenting the Literature Review.

CHAPTER 2

LITERATURE REVIEW

2.1. Introduction

This chapter introduces the relevant literature to the study. Journals, books and the internet amongst other sources had been used to gather literature that pertained to epilepsy and employment. The literature review will be presented under the following headings: international background information on epilepsy and employment, South African incidence of disability unemployment, prevalence of epilepsy, knowledge about epilepsy, literature on the limitations of epilepsy on employment, and relevant statutes and policies. Included will be other studies depicting the employment restrictions for people with epilepsy; impact of the type of seizures and frequency in employment; and factors influencing employers' employment of people with epilepsy; and conclusive remarks on the chapter.

2.2. International background on epilepsy and employment

This section focused on providing the general background of the employment status of people with epilepsy. This information was derived from various studies that had been conducted internationally about epilepsy and employment.

In a research done by McLellan (1987:94) the findings had shown that:

Many people in Britain...experience difficulty in finding jobs. Nowhere are the difficulties more extensive, more subterranean and probably more unfair than for people with epilepsy. Surveys since 1980 suggest that the level of unemployment in this group is between 25 and 42 percent and a study by the United States in 1978 suggested that approximately 50 percent of people with epilepsy who are in employment are in posts less demanding than would have been anticipated from the person's educational attainments. In 1986, it was estimated that between 50 000 and 100 000 people in Britain were experiencing moderate or severe difficulties in finding and maintaining a job because of epilepsy.

Bishop and Allen (2001) conducted a survey of the Epilepsy Foundation affiliates in the United States and Puerto Rico, regarding the employment-related questions and concerns of people with epilepsy. They stipulated that the problematic employment situation for people

with epilepsy has been well established. They concluded that the unemployment and underemployment of adults with epilepsy continues to be a serious problem. The unemployment rate experienced by people with epilepsy has frequently been shown to be higher than that of the general population (Bishop and Allen, 2001). In the United States labour market, the unemployment rate among people with epilepsy who are eligible workers or who are maintaining an active job search, was reported to range from 13% to 25% (Bishop and Allen, 2001: 491).

The Epilepsy Foundation of America (2010) reported that in Germany, Italy, and the United States, 15-20% of people with epilepsy were unemployed and 20% would retire early. The World Health Organisation (2011) had stipulated that economic conditions for epileptics in developing countries were so bad that obtaining medication was difficult and could lead to further health problems.

Lee (2005:57) conducted a study to investigate the status of employability of people with epilepsy in Korea. The results indicated that the unemployment rate for Korean people with epilepsy was as high as 31%. This figure was five times higher than that of the general population. The unemployed people with epilepsy had significantly lower quality of life than the employed people with epilepsy. The employability of people with epilepsy had been significantly affected by certain factors such as "...the frequency and severity of seizures age at onset, inter-seizure psychosocial disabilities including self-esteem, personality, and problem-solving style; and social discrimination. Actual discriminatory practices in the employment of the people with epilepsy were prevalent in Korea..." (Lee, 2005:57).

Heaney (1990) reaffirms the aforementioned findings by Lee (2005) that those are other factors associated with unemployment or underemployment among people with epilepsy. However, the rates of unemployment have consistently been found to be higher among individuals with more frequent seizures (Yagi, 1998). Additionally, Hause and Hesdorffer (1990) stipulated that people with epilepsy have been shown to be up to twice as likely as people without it, to be at risk of unemployment. Jacoby *et al.*, (1998) adds that they are also subject to underemployment, relative to the level of their skills and qualifications.

Fisher *et al.*, (2000) stated that the probable factors contributing to the under and unemployment in people with epilepsy are both internal and external. That is, a range of

clinical factors predictive of employment status such as seizure frequency and type, age of onset of epilepsy and duration, and the adverse cognitive effects of antiepileptic drugs (AEDs). The effects of these clinical factors may be further compounded by internal psychological factors such as reduced self-esteem and achievement expectations (Fisher *et al.*, 2000).

Scambler and Hopkins (1980) affirmed the above mentioned by asserting that the external mechanisms, in the form of stigma and discrimination which may be formal or informal, overt or covert, intentional or unintentional, also contributed to the compromised employment position of people with Epilepsy. Chaplin *et al.* , (1998) and The Rest Group (2000) concluded that, for many people with epilepsy, employment in relation to quality of life was the major issue they faced.

The British Epilepsy Association (1990) stipulated that from a societal viewpoint the economic cost of epilepsy in the workplace was also of concern. A recent study suggested that, of the estimated 200,000 people with epilepsy of working age in the United Kingdom, as many as half were experiencing moderate or severe problems with employment. Employment was the third major concern cited by people with epilepsy after driving and medication in a survey conducted by British Epilepsy Association (1990).

A study done by McLellan (1987: 94) quoted in Scambler and Hodgkins (1980) indicated that surveys done since 1980 suggest that the level of unemployment of people with epilepsy was between 25% and 42%. A survey done in the United States in 1978 suggested that approximately 50% of people with epilepsy who were employed were in posts less demanding than what would have been more commensurate with the person's educational attainment. McLellan (1987) quotes Hayes (1984) stating that numerous reports attest to the importance of the frequency of attacks in determining the case with which people can be placed in employment.

Furthermore, one of the most striking sets of data comes from the Training and Placement Services (TAPS) Scheme set up by the Epilepsy Foundation of America in 1976. It was reported that experienced employment officers working for TAPS had a 40% success rate of placing people with epilepsy in jobs if they had six seizures a year (McLellan, 1987: 94). On

the one hand, if they had 20 seizures a year they had a success rate of 11% of placing people with epilepsy in jobs (McLellan, 1987: 94). However, for those who had more than one seizure a week, only one in every 165 people could be placed in competitive employment (McLellan, 1987: 94).

2.3. South African incidence of disability unemployment

This section presents the general South African statistics on the unemployment rate of people with disabilities.

“A study of over 100 large and small companies covering more than 150 000 employees found that less than 1% of the total workforce in South Africa were reported as people with disabilities” (Mdladlana, 2005:2). The Department of Women, Youth, Children and People with Disabilities (2009) stated that, “In 2004 the number of people with disabilities employed by government was an alarming 0.6%. In 2006-2007 this rose to 0.9%, currently [it is] at 1.2%...” (Southern Hemisphere, 2010: 3).

The White Paper on an Integrated National Disability Strategy (1997: 10) state “A 1985 [Human Sciences Research Council or National Training Board investigation] showed that 72,6% of people with disabilities were then economically inactive. Another study estimated that some 0,26% of people with disabilities were employed in the open labour market”.

“Although often unclear and sometimes contradictory, the fact remains that a significant number of people with disabilities in South Africa were unemployed...” (Mdladlana, 2005:2). According to the Department of Social Development (2009) fact sheet statistics there is a “...high unemployment rate of 97% of youth with disabilities...” The Department of Social Development (2009) stipulated that people with disabilities did not have full inclusion, equality and participation in the open labour market. Statistics South Africa (2011) [online] states that:

... 4.3% of the South African population [were] disabled. Regarding the mentally handicapped, it is unclear which people are classified as such. It is likely that epilepsy sufferers are included in this figure. According to SANEL [renamed Epilepsy South Africa] who represents epilepsy sufferers, a large number of epileptics are

unemployed even though they don't have a physical disability. The Casual Day Welfare Organization states that 3.5 million people in South Africa are disabled.

CASE reported that 19% of White disabled people are employed in full-time positions compared to Africans (6%), Colored (4%), Indians (9%). The employment rate for disabled women is 11% compared to 15% for disabled men and 80% of disabled women are economically inactive compared to 74% disabled men. Of the respondents who became disabled before the age of 2, a mere 7% are employed and 87% are economically inactive compared to 17% of those who became disabled after 19 years, 71% are economically inactive.

2.4. Prevalence of epilepsy

The World Health Organisation (2011) stipulated that around 50 million people worldwide have epilepsy and nearly 90% of the people with epilepsy were found in developing regions. According to the Epinews (2008:15) the prevalence of epilepsy in South Africa was 1 in every 100 and worldwide 1 in every 200.

2.5. Knowledge about epilepsy

2.5.1 Is epilepsy a disability?

The fact sheet of the Western Cape Department of Health defines disability as:

When a person's physical or mental condition keeps him or her from being able to function in an expected manner. A disability can be physical (such as paralysis, loss of limb, deafness), mental (such as depression or post traumatic stress disorder) or intellectual (such as a learning disability). Some people are born disabled; others become disabled as a result of an accident or disease. Disabilities range from moderate to significant and can be temporary or permanent.

According to section 54 (5) of the Employment Equity Act (Act 55 of 1998) definition of disability, epilepsy is a disability as it is impairment related and substantially limiting because it is:

“Long-term” means the impairment has lasted, or is likely to persist, for at least twelve months. A short-term or temporary illness or injury is not an impairment which gives rise to a disability.

A “recurring” impairment is one that is likely to occur again. A progressive condition

is one that is likely to develop or change or recur. People living with progressive conditions or illnesses are considered as people with disabilities once the impairment starts to be substantially limiting.

An “impairment” may be physical or mental. A “physical” impairment implies a partial or total loss of a bodily function or part of the body. It includes sensory impairments such as being deaf, hearing-impaired, and blind, etc. “Mental” impairment refers to a clinically recognised condition or illness that affects a person’s thought processes, judgment or emotions.

An impairment is “substantially limiting” if it imposes considerable difficulty on the person performing the essential functions of a job and this is determined by considering the extent, duration and impact of the impairment. If a person has several conditions, these should be considered together to assess if their effect is substantially limiting.

However, the International Classification of Functioning, Health and Disability stresses that disability cannot be defined on the basis of bodily structure or function alone. Attitudes, environmental circumstances and perceptions have to be taken into account, because of the stigma associated with the condition there are barriers to equal participation related to attitudes and perceptions (Epinews, 2008: 15).

2.5.2 What is epilepsy?

The World Health Organisation (2004:4) defines it as:

...a group of chronic brain conditions characterised by recurrent epileptic seizures. epileptic seizures are the clinical manifestations (signs and symptoms) of excessive and or hyper-synchronous, usually self-limited, abnormal activity of neurons in the brain. Epileptic seizures represent the most common positive signs and symptoms of brain disturbance. All epileptic seizures, however, are not epilepsy, which requires recurrent epileptic seizures in absence of acute pathology. An individual has one in ten chance of experiencing at least one epileptic seizure in his or her life. Active epilepsy has been defined as epilepsy that has caused two or more unprovoked seizures on different days in the year prior to the assessment date.

2.5.3 Types of seizures

Epilepsy manifests itself through seizures which are a temporary change in which the brain cells work. Scientifically, epilepsy is the term under which many seizure disorders are grouped (Eberhardt, 2002). The seizures have two main categories namely Generalised

seizures and Partial seizures. A Generalised seizure is when the whole brain is affected and the person loses consciousness and this manifest in five basic types as shown in Table 1.

Table 1 Generalised seizures

Types of Seizures	Description	First Aid
Absence (petit mal)	<ul style="list-style-type: none"> • Period of immobility • Blank staring • Brief loss of awareness 	<ul style="list-style-type: none"> • Be understanding
Tonic-clonic (grand mal)	<ul style="list-style-type: none"> • Whole body muscle contractions • Loss of consciousness • Incontinence 	<ul style="list-style-type: none"> • Time checking (6 minutes) • Cushion the head • Remove harmful objects • Loosen tight clothing • Recovery position • Stay with them
Myoclonic	<ul style="list-style-type: none"> • Muscle jerking of the arms or legs 	<ul style="list-style-type: none"> • Be understanding
Tonic	<ul style="list-style-type: none"> • Muscles pulling still • Loss of consciousness • No convulsions 	<ul style="list-style-type: none"> • Same as Tonic-clonic first aid
Atonic (drop attacks)	<ul style="list-style-type: none"> • Sudden loss of muscle tone 	<ul style="list-style-type: none"> • Be understanding • Check for injuries

Source: Epinews (2011:14)

A Partial seizure is when the disturbance is limited to one area of the brain and there is an alteration of behaviours, and it manifests in two basic types as shown in Table 2.

Table 2 Partial seizures

Types of Seizures	Description	First Aid
Simple partial	<ul style="list-style-type: none"> • Muscle contractions of a specific part of the body • Abnormal sensations • Nausea • Sweating • Flushed skin • Dilated pupils 	<ul style="list-style-type: none"> • Be calm • Be understanding
Complex partial	<ul style="list-style-type: none"> • Automatism(repeated motions) • Inappropriate emotions • Changes in personality • Altered consciousness • Hallucinations of taste or smell. 	<ul style="list-style-type: none"> • Be calm • Be understanding

Source: Epinews (2011:14)

2.5.4 Causes of epilepsy

The fact sheet of Epilepsy South Africa outlines the multiple possible causes of epilepsy such as “...encephalitis or meningitis, developmental problems or genetic defects present at birth trigger seizures as early on in life as infancy, degenerative diseases like Alzheimer's; brain injuries, tumours, and or brain lesions disrupting normal activity of neurons”.

Others, such as stroke or metabolic problems such as diabetes, have a more indirect effect on the brain's functions. However, some of the causes cannot be identified or diagnosed and these are known as idiopathic causes where it would be regarded as being genetic or hereditary (Eberhardt, 2002).

2.6. Literature on the limitations of epilepsy on employment

This section will focus on international studies that have been conducted by other researchers on epilepsy in relation to restrictions on employment and employer employment practices.

2.6.1 Employment restrictions for people with epilepsy

Jacoby *et al.*, (1998) briefly outline the number of ways in which epilepsy can have an impact or restrictions on employment. In the first instance, certain occupations are barred by law to the person with epilepsy because of the potential hazards to him or her or others if a seizure occurs in the workplace. These include working as an aircraft pilot, ambulance driver, merchant seaman, taxi driver, train driver, and in the armed services.

Secondly, there are also some occupations in which difficulties may be experienced although there are no statutory barriers concerning them, such as teaching posts involving physical education, science and technology in state schools, some nursing posts, working with young children and jobs in the prison service involving close contact with inmates (Jacoby *et al.*, 1998).

Furthermore, some jobs and careers are governed by health regulations. An example of these is when a job requires someone to have been seizure free for a set period of time before applying for a post or training. Inasmuch, certain positions also involve substantial risks if seizures are not fully controlled and are therefore not recommended. These include working

at heights and working alone near open water or around unguarded machinery or fires (Jacoby *et al.*, 1998).

Additionally, to hold a Large Goods Vehicle (LGV) or Passenger Carrying Vehicle (PCV) driving licence, an individual must have suffered no seizures or had no treatment for seizures for ten years. The equivalent in South Africa would be a PDP and DGP – public driving permit and dangerous goods permit respectively. On the one hand, some areas of employment have different health regulations, depending on whether someone has a history of epilepsy or whether their epilepsy begins while they are in post (Jacoby *et al.*, 1998).

According to the Epilepsy Action United Kingdom (2011) the jobs that are restricted by law apply all over the world for people with epilepsy; it is not restricted to one country. For instance, the Epilepsy Action United Kingdom (2011) [online] outline the regulations that cover all the armed services:

Firstly, people with a diagnosis of epilepsy or who have had more than one seizure after the age of five are unable to enter the armed forces. Only in very exceptional cases will an appeal be considered and these must be accompanied by well-documented evidence from the attending consultant. Secondly, people who have had febrile convulsions before the age of five years, and with no subsequent seizures, may be accepted for full duty. Thirdly, people who have had a single seizure in the four years before applying will not be accepted.

Fourthly, people who have had a single seizure more than four years before applying, and who have not been on treatment during this interval, can be accepted for trades other than: aircrew, air traffic control, military driver (MT) or any trade requiring Group 2 driving licences (LGV/PSV). This regulation applies providing there is no evidence that the person may still be likely to have seizures. Lastly, people who have more than one seizure in the armed service are usually considered medically unfit for all trades. Those who have one seizure only, after entry, are usually downgraded for 18 months and restricted in driving and handling weapons. They may then be upgraded after an assessment by a service consultant.

Table 3 summaries the types of jobs as stipulated by Epilepsy Action United Kingdom (2011) that are generally restricted.

Table 3 summary of the jobs that may be restricted due to health and safety regulations.

Types of jobs	Any restrictions
Aircraft pilot	Yes
Ambulance driver	Yes
Child minder	Yes
Coastguard	Yes
Divers	Yes
Fire brigade	Yes
Taxi drivers	Yes
Merchant seafarer	Yes
Police	Yes
Prison service	Yes
Train driver	Yes

Overall, some activities pose special dangers for people whose seizures are not controlled such as working at unprotected heights, near open water, with high voltage or open circuit electricity, with unguarded apparatus or machines, on or near moving vehicles, with chemicals, unguarded fires, ovens and hot plates and on isolated sites.

2.6.2 Impact of the type of seizures and frequency in employment

In two recent studies, higher rates of unemployment were found among persons with active Epilepsy compared with people whose epilepsy was in remission or well-controlled (Elwes *et al.*, 1991). Inasmuch there has been reported higher unemployment rates among those people who have one or more generalized tonic-clonic seizures or complex-partial seizures per year (Eberhardt, 2002). However, the American Disabilities Act (Act of 1990) state that when it comes to employment, those whose seizures were controlled by medication were not considered disabled because the medication would now be effectively suppressing the frequency of seizures.

However, Eberhardt (2002) argues that it is not always completely accurate. Depending on the severity of the seizures, the medication taken can have debilitating effects upon the patient. These include effects such as concentration or memory problems, while for some, the increased need for sleep decreased their productivity. Another problem that presents itself is that of transportation. Depending on the laws of the state in which the person lives, there may be laws preventing them from obtaining a driver's license due to their epilepsy. It is unknown whether it is due to these factors or to actual job discrimination or a combination of the two that has such a drastic effect on the employment rate of people with epilepsy (Eberhardt, 2002).

Chaplin *et al.*, (1998:299) conducted a study on the employment experiences of 245 subjects with epilepsy as their main diagnosis and it was found that 9% of the sample was unemployed and a further 16% were in receipt of a disability pension. Chaplin *et al.*, (1998:301) found that patients with seizures in remission were more likely to be employed and less likely to experience job problems, to feel limited by the epilepsy or to experience stigma. Whereas job problems *per se* were experienced by 35% of the population; of those with uncontrolled seizures, 50% had had job problems; 22% thought that their current employment situation had not been unduly influenced by epilepsy (Chaplin *et al.*, 1998:302). It was those respondents who were younger or who were diagnosed early with epilepsy who were most likely to perceive their current situation as a result of having epilepsy. The survey suggests that unemployment is not the major problem it was once thought to be but that discrimination at work is a more serious problem which could lead to under-employment and restricted career development (Chaplin *et al.*, 1998).

Elwes *et al.*, (1991:200) reported an unemployment rate of 46% for people with epilepsy in which significantly longer periods of unemployment and higher rates of early retirement were also reported. In addition, Elwes *et al.*, (1991) stipulated that when epilepsy was well controlled, or seizures were nocturnal, it had much less impact on employment rates and history. In a 1995 study by Jacoby *et al.*, (1998:126) on a large cohort of people with relatively well controlled epilepsy, 71% of those of working age were in employment with 26% unemployed but for reasons other than epilepsy and only 3% citing epilepsy as the reason for not working. Rates of underemployment were reported to be higher for people with epilepsy but these rates were more difficult to quantify. However, the majority of studies investigating employment and unemployment rates among people with epilepsy had been based on highly selected populations or small samples (Elwes *et al.*, 1991).

2.6.3 Factors influencing employment of people with epilepsy: Employers' Perspective

A study by Cooper (1995) titled 'Epilepsy and employment- employers attitudes', whose aim was to examine the possible causes of employment difficulties amongst people with epilepsy. The outcome of the interviews was that the employers appeared to be rather unaware of the employment problems faced by people with epilepsy. As epilepsy is generally not a registered disability, employers are unable to monitor their company's recruitment and promotion methods. It appeared that line managers are left with the decision making

responsibility regarding the employment of people with epilepsy yet they are often without even general awareness of or training for that matter on equal opportunities for epileptic disability. Consequently their need to meet operational targets and their personal attitude to as well as lack of knowledge regarding epilepsy determine the employment chances for people with epilepsy.

There have been efforts made to understand the employment problems faced by persons with epilepsy and complex interrelationships of factors were revealed. Employers' fears and negative attitudes about epilepsy and concern on the part of people with epilepsy about the potential discrimination and stigmatization at work proved to be the significant problems and these are discussed more extensively in the following passages.

2.6.3.1 Stigma and Prejudice

Jacoby *et al.*, (1998) asserted that the stigma attached to epilepsy and the resulting prejudice on the part of the employers and co-workers limits employment opportunities for individuals with epilepsy. Inasmuch, fear of employer discrimination or stigmatization at work appears to significantly influence the employment situation for people with epilepsy. That is, fear of stigma and discrimination on the part of employers have been identified in several studies as playing significant roles in unemployment among persons with epilepsy (Bishop and Allen, 2001).

2.6.3.2 Work performance

Jacoby *et al.*, (1998) suggest that work performance is another restriction to employment. It was found that assessing productivity is difficult as there is no agreed definition or means of testing it. To obtain data on the effects of epilepsy, comparisons should ideally be made with a person who does not have epilepsy performing the same task. The available evidence does not suggest any striking lack of efficiency at work in employees with epilepsy however. One study of an electrical components firm recorded reduced working speed but this was reported to be associated with an increase in precision, which was considered a positive outcome. In addition, turnover rates have been reported as lower amongst employees who have epilepsy.

The probable explanation may be due to anticipated or real difficulties in obtaining another job.

2.6.3.3 Seizure at work

A seizure at work was suggested as a restriction to employment. If a seizure does occur at work, three factors affect the level of disruption: the severity, the suddenness and the location. A severe seizure at work is likely to cause a good deal of disturbance and disruption, at least to those in the immediate vicinity. Milder attacks cause little disturbance and may even go unnoticed. Possibly the most disruptive seizures are those which occur without warning or in someone who was not known to have epilepsy (Jacoby *et al.*, 1998).

2.6.3.4 Stress

Jacoby *et al.*, (1998) further suggested that stress is a restriction to employment. Stress is recognised as a possible seizure precipitant. Reports in the literature suggest that the person with epilepsy may be particularly vulnerable during the first few weeks of a new job. At this time people who are keen to prove their worth and make a good impression may put themselves under the kind of stress that makes seizures likely to occur, particularly if they have not disclosed their epilepsy. Jacoby *et al.*, (1998) quotes a United States survey report that as many as 80% of people with epilepsy regarded the fear of having a seizure at work as a reason for not seeking or maintaining open employment

2.6.3.5 Shift work

It has also been propounded that adapting to shift work will increase the chances of suffering a seizure in people with Epilepsy who may be particularly susceptible to persistent fatigue, sleep disturbance and disruption of routine. If a patient has more seizures in the context of lack of sleep or occasional missed doses of medication then they might be vulnerable if they undertake shift work, as might individuals with well established nocturnal seizures (Jacoby *et al.*, 1998).

2.6.3.6 Photosensitivity

Employers are often concerned if the person who has epilepsy is able to work with a computer, as work involving computers has increased dramatically in recent years. Jacoby *et al.*, (1998) state that majority of people with epilepsy, who work in front of a computer monitor, were less likely to have problems and have their seizures triggered. However, if one was photosensitive they were at risk of experiencing seizures, but Jacoby *et al.*, (1998) state that most computers work at a frequency which does not tend to provoke seizures. For instance, laptop computers were even less likely to trigger seizures than ordinary computers (Jacoby *et al.*, 1998).

2.6.3.7 Accident liability

Jacoby *et al.*, (1998) asserted that employees' accident liability as a restriction to employment. The ineligibility of people with disabilities for employees' accident liability insurance has been used incorrectly as a reason for not employing someone with epilepsy. Employers are obliged to take out insurance to cover injury that might arise from work (Jacoby *et al.*, 1998).

The few studies looking at the experience of people with epilepsy at work tend to show that they have no more accidents at work than anyone else. Of course, this may be because they are less exposed to potentially high-risk situations, such as working at heights or driving vehicles. It may also be that when accidents occur, particularly if they are relatively minor, they are less likely to be reported. In one study of a sheltered workshop employing people with epilepsy, the accident rate was considered so impressively low that the company was awarded insurance premium reductions. In most work situations it should be possible to minimise the risk of accidents (Jacoby *et al.*, 1998).

2.6.3.8 Pension Schemes

Pension schemes were noted as restrictions to employment in the sense that many employers may believe that new recruits to their pension schemes should have high standards of health.

This is not the case, however, if a person is suitable for employment then they are suitable for a pension membership. Large company schemes are usually based on a group policy with no requirement for individual health criteria to be met (Jacoby *et al.*, 1998).

2.6.3.9 Disclosure

Disclosure is seen as a restriction to employment as many people with epilepsy choose not to declare their epilepsy to their existing or prospective employers. Those who are more likely to have seizures during the working day are more likely to declare it than those whose epilepsy is in remission or occurs during sleep (Jacoby *et al.*, 1998). Lewis (1986) stipulated that it is required that both employers and employees declare factors which might prejudice the safety of employees, and epilepsy was regarded as a relevant factor. A failure to declare could result in instant dismissal which would not be considered unfair if brought before an industrial tribunal (Jacoby *et al.*, 1998).

In a study conducted by Lee (2005:57) to find out the current employability status of people with epilepsy in Korea, results indicated that 24.5% of respondents believed that they had even been treated unfairly at work or when trying to get a job. More than half of those who disclosed their disease to employers reported that they had been refused jobs because of epilepsy. About 75% of the patients surveyed said that they have never disclosed their disease in applying for a job (Lee, 2005:58). People with epilepsy living in Korea face many difficulties in employment, the discrimination against people with epilepsy and negative social attitudes toward epilepsy may play an important role in the employability of people with epilepsy (Lee, 2005).

However, Jacoby (1995) concludes that a number of studies have highlighted that rates of employment are lower in people with epilepsy than those without, despite more recent findings which have suggested that rates will vary by clinical and demographic characteristics. For example, people with well controlled epilepsy and those in remission have employment rates similar to those of the general population without epilepsy (The Rest Group, 2000).

2.6.3.10 Psychosocial aspects of epilepsy and employment.

In a study of the psychosocial aspects of epilepsy it was found that 70% of people with newly diagnosed epilepsy expected to experience stigma and discrimination at work (Chaplin *et al.*, 1998: 299). Among those who felt that having epilepsy made getting a job more difficult, 39% felt this had been because employers preferred not to employ people with disabilities of any kind; one-third felt it was because of fear and lack of understanding about epilepsy on the part of employers; and one-fifth attributed these difficulties to the potential dangers of seizures in the workplace (Bishop and Allen, 2001:491). Such studies clearly established that, whether real and experienced or expected and feared; stigma and discrimination on the part of employers represent a significant and important factor in the lower employment rates observed among persons with epilepsy (Bishop and Allen, 2001).

Other psychosocial factors have been implicated in explaining the high unemployment rate among persons with epilepsy. These factors include lack of education, social isolation, lack of information, social skill deficits, and lack of family support (Devinsky, 1994). In a study done by George *et al.*, (2009) concurs with Devinsky (1994) from the research results that indicated that the respondents thought that the causes of unemployment included lack of vocational training, lack of work experience, and lack of education as the three principal reasons. The others included, not finding job of choice, memory problems, tiredness due to drug intake, shortage of jobs, inability to concentrate, lack of motivation, lack of physical stamina, and lack of confidence.

In the past, some employment applications and interviews requested information about an applicant's physical and or mental condition. This information was often used to exclude applicants with disabilities before their ability to perform the job was even evaluated. For example, applicants may have been asked about their medical conditions at the same time that they were engaging in other parts of the application process, such as completing a written job application or having references checked. If an applicant was then rejected, he or she did not necessarily know whether he or she was rejected because of disability, or because of insufficient skills or experience or a bad report from a reference. As a result, Congress established a process within the American Disability Act (ADA) of 1990 to isolate an

employer's consideration of an applicant's non-medical qualifications from any consideration of the applicant's medical condition (Casellas, 1995).

2.7. Relevant Statutes and Policies

This section presents the relevant South African statutes and policies that govern the employment of people with disabilities such as the Constitution of the Republic of South Africa, Employment Equity Act and the Code of good practise on the key aspects of disability in the workplace. Further, this section will also present information pertaining to Affirmative Action; Monitoring, enforcement and legal proceedings; and the strategic concerns of implementing the Employment Equity Act.

2.7.1 The Constitution of the Republic of South Africa Act (No. 108 of 1996)

The Constitution of the Republic of South Africa Act (No. 108 of 1996) is the supreme law of the country of South Africa. “It provides the legal foundation for the existence of the republic, sets out the rights and duties of its citizens, and defines the structure of the government” (The Constitution of the Republic of South Africa Act No. 108 of 1996). Chapter Two of the Constitution of the Republic of South Africa Act (No. 108 of 1996) Section 8 contains the Bill of Rights in which “...everyone is equal before the law and has the right to equal protection and benefit of the law...” In addition, Section 8(3) of the Constitution of the Republic of South Africa Act (No. 108 of 1996) stipulates that the state may not unfairly discriminate directly or indirectly against anyone on one or more grounds. In Section 9(3) of the Constitution of the Republic of South Africa Act (No. 108 of 1996) prohibits all discrimination on one or more grounds such as “...race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, belief, culture, language and birth”. “Everyone has inherent dignity and the right to have their own dignity respected and protected...” (Madladlana, 2005: 7).

The then Minister of Labour, Mdladlana (2005: iii) stipulated that by using the constitution as a foundation, the South African government introduced the Employment Equity Act (No. 55 of 1998) to redress inequalities and discrimination in the workplace.

2.7.2 Employment Equity Act (No. 55 of 1998)

The purpose of the Employment Equity Act (No. 55 of 1998) as stated in section 2 is as follows:

The Act seeks to achieve equity in the workplace, by promoting equal opportunity and fair treatment in employment through the elimination of unfair discrimination and implementing affirmative action measures to redress the disadvantages in employment experienced by designated groups [such as black people, women and people with disabilities], in order to ensure their equitable representation in all occupational categories and levels in the workforce.

However, the Commission for Employment Equity of the Employment Equity Act (No. 55 of 1998) Section 30 summarily ensures that the rights of people are protected in the workplace. This led to the publication of the Code of Good Practise issued by the Minister of Labour in terms of Section 54 of the Employment Equity Act (No. 55 of 1998). “The overall aim of the Code [is] to guide, educate, and inform employers, employees and trade unions to understand their rights and obligations, to promote and encourage equal opportunities and a fair treatment of people with disabilities, to eliminate unfair discrimination...” (Madladlana, 2005: 4).

2.7.3 Code of Good Practice on the Key Aspects of Disability in the Workplace

The Code had been developed as a guide for employers and employees on key aspects of promoting equal opportunities and fair treatment for people with disabilities as required by the Employment Equity Act (No. 55 of 1998). “In the South African legal context or framework, the Code is issued in terms of section 54 (1)(a) of the Employment Equity Act (Act 55 of 1998) based on Section 9(3) of the Constitution Act, No.108 of 1996” (Madladlana, 2005: 7). In terms of Section 54 (1) (1.3), “...the Code is intended to help employers and employees understand their rights and obligations, promote certainty and reduce disputes to ensure that people with disabilities enjoyed and exercised their rights at work...” (Employment Equity Act No. 55 of 1998).

2.7.4 Chapter 3: Affirmative Action (Employment Equity Act No. 55 of 1998)

3.1 Duties of a Designated Employer: Section 13

- a. A designated employer must implement affirmative action measures for designated groups to achieve employment equity.
- b. In order to implement affirmative action measures, a designated employer must:
 - consult with employees;
 - conduct an analysis;
 - prepare an employment equity plan; and
 - report to the Director-General on progress made in the implementation of the plan.

3.2 Affirmative Action measures: Section 15

- a. Affirmative action measures are measures intended to ensure that suitably qualified employees from designated groups have equal employment opportunity and are equitably represented in all occupational categories and levels of the workforce.
- b. Such measures must include:
 - identification and elimination of barriers with an adverse impact on designated groups;
 - measures which promote diversity;
 - making reasonable accommodation for people from designated groups;
 - retention, development and training of designated groups (including skills development); and
 - preferential treatment and numerical goals to ensure equitable representation. This excludes quotas.
- c. Designated employers are not required to take any decision regarding an employment policy or practice that would establish an absolute barrier to prospective or continued employment or advancement of people not from designated groups.

3.3 Consultation: Sections 16 and 17

A designated employer must take reasonable steps to consult with representatives of employees representing the diverse interests of the workforce on the conducting of an analysis, preparation and implementation of a plan, and on reporting to the Director-General.

3.4 Disclosure of Information: Section 18

To ensure meaningful consultation, the employer must disclose relevant information to the consulting parties, subject to section 16 of the Labour Relations Act 66 of 1995.

3.5 Analysis: Section 19

A designated employer must conduct an analysis of employment policies, practices, procedures, and working environment so as to identify employment barriers that

adversely affect members of designated groups. The analysis must also include the development of a workforce profile to determine to what extent designated groups are under-represented in the workplace.

3.6 Employment Equity Plan: Section 20

a. A designated employer must prepare and implement a plan to achieve employment equity, which must:

- have objectives for each year of the plan;
- include affirmative action measures;
- have numerical goals for achieving equitable representation;
- have a timetable for each year;
- have internal monitoring and evaluation procedures, including internal dispute resolution mechanisms; and
- identify persons, including senior managers, to monitor and implement the plan.

3.8 Designated employer must assign a manager: Section 24

A designated employer must assign one or more senior managers to ensure implementation and monitoring of the employment equity plan and must make available necessary resources for this purpose.

2.5.5 Chapter 4: Monitoring, Enforcement and Legal Proceedings (Employment Equity Act No. 55 of 1998)

4.1 Monitoring: Section 34

Employee or trade union representatives can monitor contraventions of the Act and report to relevant bodies.

4.2 Powers of the Labour Inspector: Section 35

Labour Inspectors are authorized to conduct an inspection as provided for in sections 65 and 66 of the Basic Conditions of Employment Act.

4.3 Undertaking to Comply: Section 36

If the inspector has reasonable grounds to believe that a designated employer has failed to comply with its obligations in terms of the Act, the inspector will obtain a written undertaking to comply within a specified period.

4.4 Compliance Order: Section 37

If the designated employer refuses to comply with the written undertaking, the inspector will issue an order to comply.

4.5 Reviews by Director-General: Section 43

The Director-General may conduct a review to determine whether an employer is complying with the Act. On completion of the review, the Director-General may make recommendations for compliance within certain time frames.

4.6 Powers of the Labour Court: Section 50

The Labour Court has the powers to make any appropriate orders, award compensation, or impose fines.

4.7 Protection of Employee Rights: Section 51

The Act protects employees who exercise their rights and obligations under the Act against victimisation, obstruction and undue influence.

2.5.6 Strategic concerns of implementing the Employment Equity Act (No. 55 of 1998)

Thomas (2002:238-239) states that legislation for employment equity in South Africa has not been without criticism. On a macro-level, the following concerns were highlighted [to mention a few]:

1. The over-regulation of the labour market, coupled with the government's role of "watchdog", will result in a decrease in overseas investments and entrepreneurial initiatives, especially in the medium and small business sectors.
2. The cost to government, and hence the taxpayer, will be increased by the administrative burden of monitoring and enforcement, and legal structures will be overburdened and unable to cope with the cases where legal rulings will be required.
3. Heavy administrative costs in the private sector relating to compliance with the legislation will impact on company growth and accordingly, upon optimal growth in the private sector.
4. Indirect and opportunity costs will be incurred by...poor hiring decisions (to reach employee targets)...
5. Those from designated groups, expecting secured positions, may adopt a culture of entitlement "that undermines initiative, self-confidence and self-reliance".
6. Employment equity and affirmative action measures have not been regarded as strategic business issues and accordingly, there has been a lack of management commitment to this process at all levels in companies. Rather, the task of achieving employment equity has been delegated to human resources departments of large corporations that seldom have the authority or necessary mechanisms to ensure progress.

The Employment Equity Amendment Bill (2001) section 2 states that the practise problems [amongst others] of the Employment Equity Act (No. 55 of 1998) was the skills crisis in

which "...a country cannot afford the luxury of applying affirmative action to its scarce and skilled job categories...".

2.8. Conclusion

The negative perceptions about the employment of people with epilepsy are more often the result of ignorance. The incidence of unemployment amongst people with disabilities was shown to be high. The studies that have been cited in the literature review indicated that people with epilepsy experienced problems with getting employment as well as remaining employed. Knowledge about epilepsy was presented as well as literature on the limitations of epilepsy on employment such as the factors to employment restrictions, issues of non-disclosure, psychosocial aspects, frequency and type of seizures, stigma and discrimination. However, relevant statutes and policies were discussed as this was important to identify what governed employers employment practises in the employment of people with disabilities. Thus, the research will either highlight or dispel the literature discussions in regards to employers perceptions in employing people with epilepsy.

The following Chapter Three will be representing the research methodology used by the researcher in investigating the topic of enquiry. There will be discussion of the methodological elements such as research design, sampling data collection, data analysis and limitations of the study.

CHAPTER 3

METHODOLOGY

3.1. Introduction

This chapter will elaborate on the key features pertaining to the research design used by the author for the purpose of accomplishing the research goal. Further there will be discussion of the population study, sampling design and the framework. This will be followed by the description of the data collection tools and the method involved in the analysis of data. The limitations of the study, ethical considerations and reflexivity will be presented.

3.2. Research Design

Research designs are defined as, "...strategies that can be used to address research questions..." (Struwig & Stead, 2001:9). "It is a strategic framework for undertaking the research and is marked by logical coherence along four dimensions namely, purpose, paradigm, context and techniques..." (O'Brien, 2007:36). The purpose relating to the unit of study was exploratory given the fact that the researcher wanted to explore the perceptions of employers. According to Babbie and Mouton (2001: 80), "...exploratory studies are mostly typically done for the following reasons: to satisfy the researcher's curiosity and desire for better understanding, ...to explicate the central concepts and constructs of a study, to determine priorities for future research, and to develop a new hypothesis about an existing phenomenon...". Therefore considering the notion proposed by Babbie and Mouton (2001:80), it was adopted for this particular research study to "...yield new insights and comprehension..." (Babbie and Mouton, 2001:80).

Quantitative methodology was used in investigating the topic of enquiry. It is a methodology that is able to deal with data that can be reduced to numbers. It aims to be objective, generalize, use theory to test hypothesis (deductive) and use hard data (numbers) to describe findings (O'Brien, 2007: 35). De Vos (1998:242) further elaborates, to mention a few, that it "...uses an etic perspective in which the meaning is determined by the researcher...the research design is standardised according to a fixed procedure and can be replicated..."

According to Nardi (2006) the method is ideal for concisely asking about opinions and attitudes, guaranteeing anonymity, it makes it easier to code close-ended items and respondents can answer at their own convenience, and it is easier to replicate and multiple topics can be addressed in one survey.

The context of the quantitative methodology is derived from the positivist epistemology. According to Babbie and Mouton (2001:27) positivists subscribe to “...an empiricist theory or conception of knowledge; a naturalist interpretation of objectivity; and a humean conception of causality...” In further elaboration, the empiricist theory of knowledge is found in experience and observation; the naturalist interpretation of objectivity is when knowledge is understood in an objective manner without any pre-set ideas and approaching the object of study with a clinical and value-free attitude. The Humean conception of causality refers to regular relationships obtained between observable events, which can be formalised into statistical generalizations and repeated in nature (Babbie and Mouton, 2001: 27).

The premise of the positivist epistemology strongly correlates to the quantitative methodology emphasis on “...experimental control, structured and replicable observation and measurement, quantification, generalization, and objectivity...” (Babbie and Mouton, 2001: 27). Thus based on the aforementioned and the research objectives, this methodology was the ideal one. The quantitative methodology requires the probability sampling as a technique that will be discussed further in this chapter.

3.3. Population and Sampling

3.3.1 Population

Babbie and Mouton (2001:100) describes the population as the “...group from which the researcher wants to draw a conclusion...” De Vos *et al.*, (2002:192) stipulate that the population “...is a term that sets boundaries on the study units as it refers to individuals in the universe who possess certain characteristics...” Hair *et al.*, (2003:325) defined the target population as a “...complete group of objects or elements relevant to the research project, as they possess the information the research project is designed to collect...” Thus, the population is basically who the researcher wishes to generalize the results to.

The population that had been used in the research were the Human Resources Managers of corporates registered with the Chamber of Commerce and Industry of the Western Cape. The rationale of selecting the corporate businesses registered with the Chamber of Commerce and Industry of the Western Cape had been due to the accessibility of the database and credibility, as the companies that register with the Chamber are legitimate entities and not “fly-by-nights”. The targeted number had been all the businesses registered with the Chamber of Commerce and Industry in the Western Cape that is 3,000 companies. This is because the response rate for electronic surveys is generally low, and thus the researcher chose to use a large sample size to determine a favourable response rate. However, the population had been drawn from the Western Cape only because an Epilepsy South Africa branch exists in the Western Cape. Based on the research findings the organisation will be able to intervene and the findings may be distributed to other Epilepsy branches in South Africa.

3.3.2 Sampling technique

The type of sampling that was adopted was probability sampling. “Probability sampling provides an efficient method for selecting a sample that should adequately reflect variations that exist in the population, that is, those elements (statistics) that accurately portray the parameters of the total population from which the elements are selected...” (Babbie and Mouton, 2001: 169). The probability sampling procedures involve “...some form of random selection of elements from a target population...” (Mouton, 1996: 132). Babbie and Mouton (2001: 176) states that:

Random selection is the key to this process in which each element has an equal chance of selection independent of any other even in the selection process. Thus, random selection serves as a check on conscious or unconscious bias on the part of the researcher and it offers access to the body of probability theory, which provides the basis for estimates of population parameters and estimates of error...

However, this type of sampling had been used as it reduced a lot of bias that could have become inherent if another type of sampling had been used such as non-probability sampling. It is important to note that probability sampling also known as representative sampling is most commonly associated with survey-based research strategies (Babbie and Mouton, 2001). According to Saunders *et al.*, (2007:154), the process of probability

sampling can be categorized into four stages:

- (a) Identify a suitable sampling frame based on the research questions or objectives.
- (b) Deciding on the suitable sample size.
- (c) Selecting the most appropriate sampling technique and selecting the sample.
- (d) Checking that the sample is representative of the population.

Probability sampling enables generalizations to be made in certain context and facilitate the confirmation or rejection of hypotheses hence moving towards the meeting of the research objectives. Nonetheless, a basic principle of probability sampling is that a sample will be representative of the population from which it is selected if all members of the population have an equal chance of being selected in the sample. Probability theory permits one to estimate the accuracy or representative of the sample that is, selecting a sample that nearly perfectly represents the larger population (Babbie and Mouton, 2001: 173).

3.3.3 Sampling Frame

The sampling frame for any probability sample is a “...complete list of all the cases in the population from which a sample will be drawn...” (Saunders *et al.*, 2000:154). In relation to this study, an accurate list of the corporate members of the Chamber of Commerce and Industry of the Western Cape was obtained from the website and an updated profile list of companies. That is, the website provides current contact email addresses, locations, websites, and contact numbers amongst other variables. This sampling frame was assumed to be accurate, correct and reliably used for sampling since the website had shown 2010 last updated list that was 3,000 members, of which every member that was registered had an equal chance of being selected for the study.

However, not all corporate members were surveyed as the email addresses we no longer in use; the emails provided belonged to a person with an automated “out of office” response; the person was no longer affiliated with the organisation; and the research was not applicable to them in regards to size of the organisation or the type of occupation. Thus, the researcher had taken into account as summarized by Lucey (2002:82) that:

...a complete sampling frame may be difficult to obtain because the lists are often inaccurate or out of date; there are circumstances where a full sampling frame is not

feasible; the population may be continuously growing and changing; and the costs of constructing a sample frame may be prohibitive and greater than the benefits of increased confidence in the accuracy of sample estimates...

3.4. Data Collection

The researcher had used a survey that involved a “...structured collection of a large amount of data from a sizeable population in a highly economical way...” (Saunders *et al.*, 2007:94). Sheehan (2001: 1) states that the benefit of using the survey was the speed and cost efficiency in which:

...the cost benefits of email...survey is estimated to be between 5% and 20% of a paper survey (Sheehan and Hoy, 1999; Weible and Wallace, 1998). The cost savings are primarily derived from the reduction and or elimination of paper and mailing costs in an email survey. “Watt (1999) provided evidence that the costs of e-mail and WWW surveys decrease significantly as the sample size increases...

Other benefits include being able to track emailed surveys at a minimum in which the researcher would know the number of undelivered emails, heightening the response quality (International League Against Epilepsy, 2000).

However, the survey was useful for capturing facts, opinions or attitudes from the people (Maylor and Blackmon, 2005). That is “...people’s views of what they thought, believed or valued...” (Jankowicz, 2005:235). However, the survey allowed an easy comparison of information as the data was standardized and easy to understand. It can be added that the survey strategy enabled inferences and generalizations to be made since it allowed the collection of quantitative data that was analyzed quantitatively using descriptive and inferential statistics (Babbie and Mouton, 2001).

The researcher concurs with Sekaran (2000) and Hair *et al.*, (2003) when they had stipulated that a survey strategy enabled the researcher better control of the research process and was the best method to administer when conducting a cross-sectional study. The tool was less susceptible to bias as the respondents answered the questions in the absence of the researcher. Coldwell and Herbst (2004:48) stipulated that “... the overall purpose of questionnaires and surveys was to use them when one

needed to quickly and easily get information from people in a non-threatening way as there was usually a lot of suspicion or distrust in regards to the critic of one's practices..."

3.4.1 Data collection tools

The tool used in creating the survey and collecting the data was Survey Gizmo. Survey Gizmo is a free web-based software that allows researchers tools to create online surveys, questionnaires and forms. The software allows the capturing and analysis of virtually any type of data essential for research. An added benefit was that it had multi-functional capacity and was easy to use. That is, questions were individually entered into the software in the format one desired; one had the option to add or subtract questions; and various formats were available such as the Likert scale. Overall, the survey was designed in a way that corroboration of the answers would remain consistent and legitimate. However, once the framework or survey was designed, the survey was published to a web, and this was produced into a web link that could be copied into any web browser. The data collected by survey gizmo was held in a secure data centre with state of the art back-up. Account data was password-protected, and only account holders could access the account. It also has the ability to export collected data directly into Microsoft Excel and convert into a Portable Document Format (PDF) (Survey Gizmo, 2011). The tool was cost effective to administer and saved the researcher time, making it convenient given the research strategy and time horizon adopted for the study.

3.4.2 Survey Instrument

The survey had comprised of four sections. Section A had focused on the organisational data in regards to the sector they operated in. Section B, C and D had questions based on the key dimensions of the study such as the understanding and perceptions of employers in regards to Epilepsy; observable actual behaviours in the employment of people with Epilepsy; and strategies or ways of improving their practices or behaviours, respectively. The dimensions of the questionnaire were measured using a 5-point Likert Scale. The respondents had been required to chose one of the 5 levels of agreement ranging from strongly disagree (1) to strongly agree (5). However, the error of central tendency had been minimized by using the 5 rating scale rather than 3. Most of the questions had required respondents to tick or check the

appropriate box, and only a few questions that had required the respondent to be elaborative and have the option for additional comments. The survey can be found in Appendix I.

3.4.3 Survey process

In carrying out the research process, the web link was emailed to the Human Resource Managers of the corporate members of the Cape Town Chamber of Commerce and Industry. However, due to the large number of corporates, a bulk email was sent out and there was no personalization of the names of the corporates, the original email can be seen in Appendix II. The first initial email had been sent between the 7th of February and April the 17th 2011. The response rate of the first email had not been good and so a follow up email was sent on the 13th of May 2011, emphasising the importance of their participation (Appendix III). The second follow up improved the responses but it was not a huge number that had responded. Coldwell and Herbst (2004) stipulate that a good research needs to have at least 10% response rate of its population. Thus the researcher had a third follow up on the 1st of July 2011 (Appendix IV).

On the survey gizmo system it showed that there had been 73 partially completed questionnaires and 77 completed questionnaires, making a total of 150 respondents. However, the researcher concurs with Gaiser and Shreiner (2009: 70) when they stipulated issues surrounding the survey method:

... One of the major benefits of going online to conduct your survey research is access to a very broad population. Given the need for a large sample, researchers often look to the internet with its possibility of access to a very large population. Be warned that, however, that this promise of accessing a large population can be illusive. Many researchers find that response rates can be lower than expected (Witmer, Colman, and Katzman, 1999), even though the ease of taking the survey may lead to an expectation of higher return rates. Some suspect that question and instrument length may contribute to low return rates, mindful that attention spans online have a tendency to be short due to the nature of the environment...

Nonetheless, limitations of using the survey method are discussed in section 3.9 under study limitations.

3.5. Data analysis

The Survey Gizmo software allows the data once it is collected to be collated and represented in various ways for understanding or meaning. It allows the researcher to convert the information collected into a Portable Document Format (PDF). A PDF is a file format that captures all the elements such as electronic image of text and graphics and can be viewed, printed, and electronically transmitted allowing complex information to be downloaded efficiently (Adobe.Com, 2011).

The researcher also used Microsoft Office Excel 2007, an electronic spreadsheet programme that provides data organization and analysis tools that enables you to sort, extract and generate charts from spreadsheet data. That is, graphs or charts to assist in identifying data trends, sorting and filtering data to find specific information.

Statistical analysis, cross tabular analysis, graphs and tables were used to further analyse and display of the data. However, in order to give the data more meaningful understanding since the data collected had been more numerical, the researcher had to interpret the data through descriptions of what the data meant and conferring with the literature review to either concur or disagree. The data analysis had also been presented in themes in accordance with the research question categories. This enabled a comprehensive analysis of the data to be presented.

3.6. Ethical considerations

Ethics is a “...set of moral principles which offer rules and behavioural expectations about the most correct conduct towards experimental subjects and respondents, employers, sponsors, other researchers, assistants and students...” (De Vos, 1998:24). The following were put into consideration:

3.6.1 Transparency

The researcher had ensured that the respondents emailed were adequately informed about the research so that if they participated it was with full comprehension. This was done by giving

the topic being studied, brief description cover page of the study, providing the details of the researcher's university supervisor, the researcher's details, the institution's name and details. This was to ensure that respondents were able to contact the researcher or supervisor if any concerns occurred at any stage of the research process. In addition, the researcher had also obtained an endorsement from the Director of Epilepsy South Africa Regional Office of the Western Cape Branch to indicate the legitimacy of the study for the respondents.

Inasmuch, Coldwell and Herbst (2004:51) affirms the aforementioned, that when conducting a study, "...personalization..." of information could increase the response rate such as the researcher's qualifications and affidavit indicating institutional support for the research. That is, the greater the visibility of any organization or individual sponsoring or endorsing a research the more likely to get a high response rate.

3.6.2 Confidentiality

The researcher had informed the respondents that their information would be confidential. An option had been given to the respondents for the report to be made available to them. This was done to make sure the respondents would be comfortable and not concerned about possible implications after the completion of the study.

3.6.3 Public confidentiality

The researcher did not require personal identification details and the respondents had been assured that they would not be named or identified in any written or verbal dissemination of the findings. This was done to maintain their anonymity thereby helping to reduce bias to the study (Dillman, 2000)

3.6.4 Inducement to Participate

The researcher did not use any tactics such as offering financial or other inducement to the respondents in order for them to participate in the research (Dillman, 2000).

3.6.5 Sample Representation

It is stipulated that as a researcher one has the obligation to use population samples that are inclusive of race, gender, educational and income levels, to mention a few (Dillman, 2000). However, the researchers had included all the companies registered with the Cape Town Chamber of Commerce and Industry to ensure that everyone had an equal opportunity of being a participant of the research.

3.6.6 Responsible Quotation

The researcher ensured that correct typographical or grammatical errors were done before quoting respondents since respondents do not have the ability to edit their responses (Dillman, 2000).

3.7. Study Limitations

3.7.1 Sample Demographic limitations

The population and sample had been limited to those with access to personal computers, modems and the Internet which was not necessarily representative of the population (Dillman, 2000).

3.7.2 Lower levels of confidentiality

Due to the open nature of most online networks, it was difficult to guarantee anonymity and confidentiality (Dillman, 2000). The researcher had received feedback from some of the respondents requesting their identity to be kept anonymous by using BCC.

3.7.3 Potential technical problems with the software

Computers have much likelihood of “glitches” than oral or written forms of communication. Some of the respondents had informed the researcher they had not been able to open the link to fill in the questionnaire (Dillman, 2000).

3.7.4 Survey Topic and length

The length of the survey may have influenced the response rate, as Herberlien and Boumgartner (1978) had said the longer the survey the more likely the response rate will be lower. However, the purpose of the research was to explore their perceptions thus it was difficult to maintain a relatively short survey. The survey topic relevancy may have had an impact as people may have not dedicated time to participate in the surveys that they might have perceived as irrelevant (Dillman, 2000).

3.7.5 Respondent email personalisation

Due to the large sample size the researcher had not been able to personalise the emails with the respondents' name or organisation. Perhaps the low response rate may have been due to not personalizing and providing compelling reasons to participate in the survey or catch their attention (Wilson and Laskey, 2003). However, it should be taken into account that the scope of the research had been the whole of the corporates in the Western Cape and hence it was neither feasible to personalise each email nor arrange meetings due to time constraints. Dillman (2002) stipulated that in order to increase the response rate a telephone call could help, but given the high volume of potential respondents, it was not cost effective.

3.7.6 Issue Salience

It is defined as the association of importance with a specific topic as some topics may have a higher salience to some sample populations than others (Martin, 1994). Herberlien and Baumgartner (1978) had reported that issue salience had more influence on email surveys response rate than other factors such as monetary incentives.

3.7.7 Design

Sheehan (2001) had stipulated that the way in which the survey is designed had an influence in the response rate. The researcher had taken into consideration the presentation of the survey and ensured that the font, style, page layout, question styles and colour scheme would be professionally appealing to the respondents.

3.7.8 Junk mail/ spam

Studies have shown that unsolicited emails become an overload which causes individuals to develop ways of dealing with email using filtering software, for example, deleting all

unsolicited email without opening it. The threat from unsolicited emails may discourage internet users from reading unsolicited emails. (Dillman, 2000).

3.7.9 Incentives

The researcher did not use any incentives to elicit participation and this could have influenced the response rate. Sometimes an incentive is needed to motivate respondents, but careful consideration needs to be given to this. Incentives are a tricky subject since we may attract only certain types of respondents and insert selection bias in the sample. (Dillman *et al.*, 2001).

3.7.10 Incidence rates

These are based on the number of respondents that qualify for a study based on certain screening criteria (Dillman, 2000). Some did not respond as they stipulated the irrelevance of the questionnaire to their companies.

3.7.11 Non-response

This occurs when one fails to get a response from the total sample either because respondents refuse to participate in the survey or they start but never complete it. If non-responses follow a pattern that systematically excludes a particular segment of the sample, they introduce what is called selection bias, which will prevent one from getting a representative sample of opinions in the population of interest. Non-respondents are often different from respondents, so their absence in the final sample can make it difficult to generalize the results to the overall target population. (Wilson and Laskey, 2003).

3.7.12 Data Analysis

Researchers still do not necessarily know exactly who has responded. This issue challenges the external validity of the study. That is the extent to which the results of a study are generalizable or transferable. (Dillman, 2000).

3.8. Timeframe

The study was cross sectional, which Babbie and Mouton (2001: 89) describes as, “...a study which takes place once off and during a limited time period...” According to Saunders et al., (2007:96) cross sectional studies “...often employ the survey strategy...” However, consistent with the researcher’s research strategy, the cross-sectional time horizon had been adopted because of time constraints that had been influenced by guidelines and protocols of the requirements of the Department of Social Development of the University of Cape Town for the completion of dissertations. As a result, the cross-sectional study was the most appropriate and convenient time horizon to adopt under the circumstances.

3.9. Reflexivity

In this research, the researcher had achieved neutrality through the use of the research supervisor who had been auditing the work throughout the research process. Neutrality is where the research findings are unbiased. Thus, the researcher had been aware of remaining objective throughout the research process to ensure the validity of the research findings. In regards to the maximization of responses, Dewhaust (2002) stipulated that the response rate for questionnaires was generally low. Thus the researcher had used a large sample size of 3,000 corporates registered with the Cape Town Chamber of Commerce and Industry.

3.10. Conclusion

The Research Methodology chapter had examined the key elements of the research design integral to overall design and implementation of the study. These included study population, sampling technique, sampling size, data collection and analysis process, limitations, ethical considerations, timeframe and reflexivity. The next chapter will be discussing the findings of the study.

CHAPTER FOUR

FINDINGS AND DISCUSSION

4.1. Introduction

This Chapter is an analysis of the findings of the research. The data will be presented descriptively with the aid of visual forms as this will be used to better understand the findings. The researcher's topic has been explored before on an International level and so the discussions of the Chapter will serve to incorporate the findings of the research with that of other researchers who have explored the topic of Epilepsy and employment. It is hoped that the information gathered would enhance the understanding of employers in employing people with Epilepsy and be a strategic tool for Epilepsy South Africa and other relevant stakeholders.

The discussions of the Chapter will be as follows: response rate, understanding of Epilepsy, employment position of people with Epilepsy in the open labour market, factors that contribute to the unemployment of people with Epilepsy, attitudes and perceptions of employers on the differential effects of Epilepsy, and policies and incentives that may influence employment.

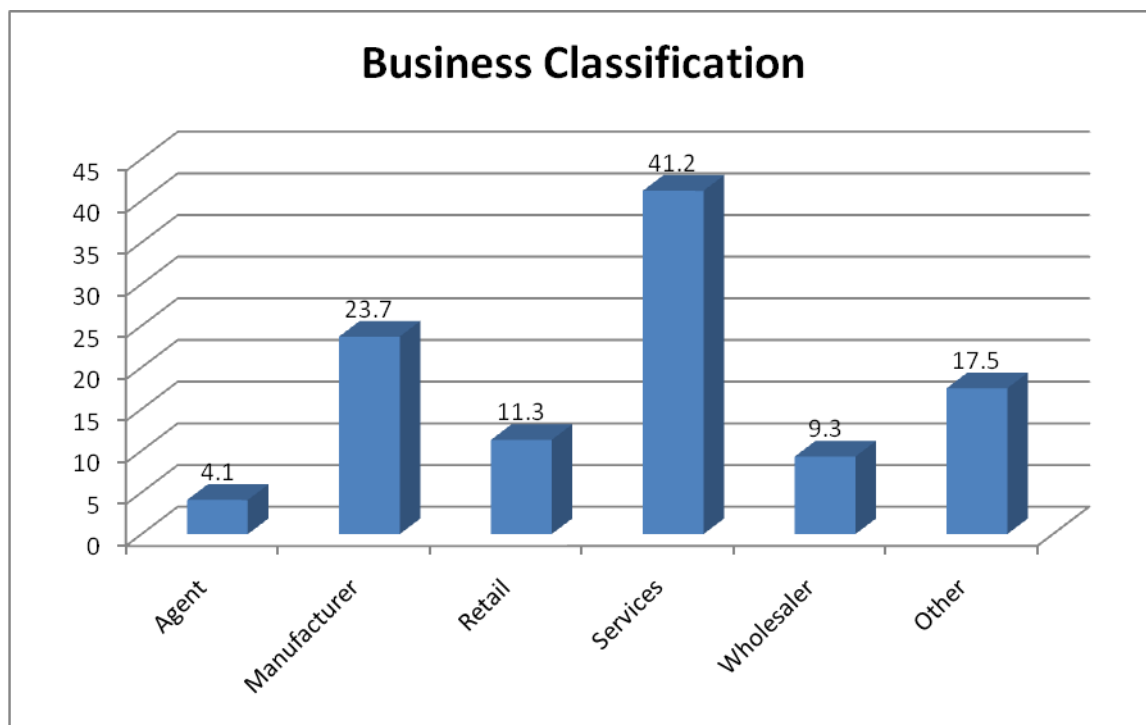
4.2. Response rate

The total number of respondents to the survey was 150 which gave a percentage of 5% of the population. According to Dillman (2002), sufficient response rates are important for surveys; and a survey that collects very little data may not contain substantial information. However, the researcher does not concur with Dillman's (2002) aforementioned statement. This is because a study by Marcussen (2001:1) had sent out 8,000 international emails and had a response rate of 2.2%. Marcussen (2001) reasoned that the poor response rate did not indicate a poor study. It is about the quality of the content and not the quantity, therefore, the researcher believes the data collected contains substantial information.

4.3. Organisational Data

The respondents had been asked to indicate the classification of their business as registered with the Cape Town Chamber of Commerce and Industry, because it was important to know how their environment influenced their perceptions. As Jacoby *et al.*, (1998) stipulated that some jobs or sectors were barred to people with epilepsy and had an impact on employers employing people with epilepsy. However, Graph 1 shows that out of 97 respondents to this question, the results had shown 41.2% had been from the Services, 23.7% Manufacturing, 11.3% Retail, 9.3% Wholesaler and 4.1% Agent sectors. The 'other' which was a 17.5% included Exporter, Finance, Maritime, NGO, Oil Company, Property Developer, Sales and Marketing, Specialist food grade wine tank liners, Artist Studio, Construction, Conferencing and Event Venue, and Transport. However, in identifying the business classifications this would give an understanding of some of the perceptions of the employers.

Graph 1 Business Classification (percentage)



4.3.1 Employed people with disabilities

The Global Business Solutions (2001) study of South Africa Employment Equity Act (No. 55 of 1998) had shown that South Africans with disabilities were both under-represented and

under-utilised in the workforce. The results of the study out of 93 that had responded to the question had indicated that 58.1% of the businesses employed people with disabilities and 41.9% did not employ people with disabilities. Further, in a follow up question requesting the current number of employees of people with disabilities (see Table 4) had shown that one organisation had 126 people with disabilities employed in the company. Other responses included 15 companies having one employee, one company had 15 in their employ, and a total number of 19 companies with an employment between two to five employees. It was interesting to note that some did not know the number of people with disabilities currently in the organisation with remarks such as “*people do not declare their disabilities*”, and “*they don’t want to be classified disabled*”. Jacoby *et al.*, (1998) had stipulated that disclosure is seen as a restriction to employment that is why some choose not to declare their disability. In addition, been called a person who has a disability is seen as stereotyping; hence, some do not want to be considered a person with a disability.

Table 4 Current number of employees with disabilities

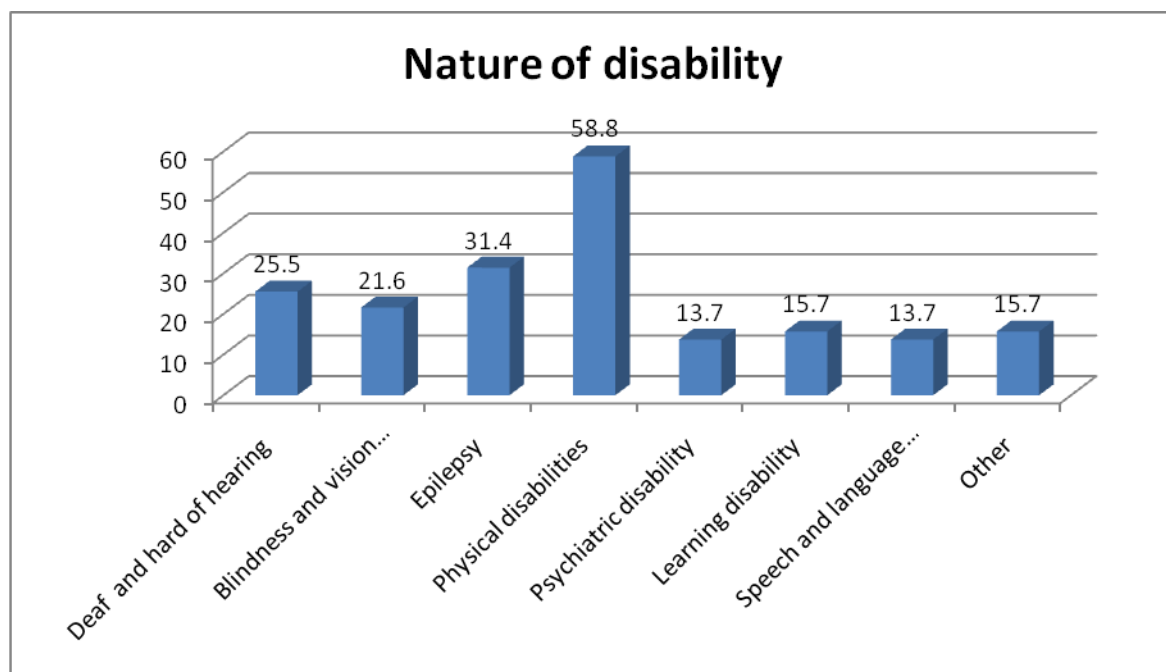
Number of respondents	Number of employees with disabilities
1	126
1	15
5	10
11	8
1	6
3	3
18	3
11	0
Other	
1	I do not know, but not many
1	Unsure, people do not declare disabilities
1	not known
1	not sure - they don’t want to be classified disabled

4.3.2 Nature of disability

The respondents had indicated the nature of disabilities their employees had within their organisations. Out of the 51 who had responded to the question, the respondents had the option of selecting more than one answer, which meant that the organisations had more than one type of disability. The results as shown in Graph 2 indicated that 58.8% had people with physical disabilities, 31.4% had people with epilepsy, 25.5% deaf and hard of hearing, to mention a few. The ‘others’ 15.7% had included: Auto Immune Deficiency Syndrome, Bi-polar, Tourette syndrome; and it was interesting to note that one respondent had indicated HIV as a disability as “*we put on anti-retroviral*”. The responses had indicated that some

managers did consider epilepsy to be a disability as stipulated by the Employment Equity Act (Act 55 of 1998).

Graph 2 Nature of Disabilities (percentage)

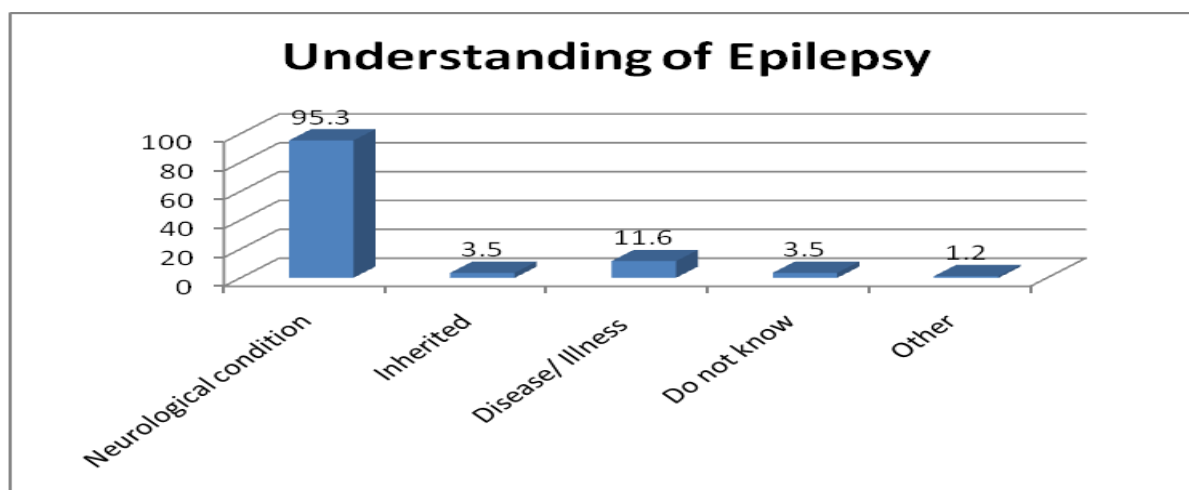


4.4. Knowledge about Epilepsy

4.4.1 Understanding of Epilepsy

In the researcher's experience working as a social worker in the field of epilepsy at Epilepsy South Africa of the Western Cape, people had shown little or no knowledge about epilepsy. The fact sheet of Epilepsy South Africa highlights that the myths and misunderstanding of epilepsy included the condition being an illness, a disease, a sickness, witchcraft, satanic and contagious. The respondents had the option of selecting more than one answer, which meant that the organisations had more than one type of explanation or understanding. However, the study results (see Graph 3) had indicated that of the 86 people that had responded to this question 95.3% had the correct understanding of the condition being a neurological condition, and 11.6% stating the condition as a disease or illness.

Graph 3: Understanding of Epilepsy (percentage)



4.4.2 Knowledge of the types of seizures

The respondents had the option of selecting more than one answer, which meant that the respondents could have been familiar with more than one type of seizure. The results had shown that 86 people had responded to the question and 48.8% of the respondents were not familiar with any type of seizures (*“I have only heard of these, am not really familiar with it”*), 43% were familiar with Absence seizures and 37.2% were familiar with the Tonic-clonic seizures (see Table 5). In the researcher’s profession as a social worker not many people were familiar with the types of seizures except by calling them fits or abnormal behaviour; and some were familiar with the types of seizures as they had family members or relatives with epilepsy. For example, on the ‘other’ responses of 3.9% had explained that *“both our sons, one petit, and one grand”*.

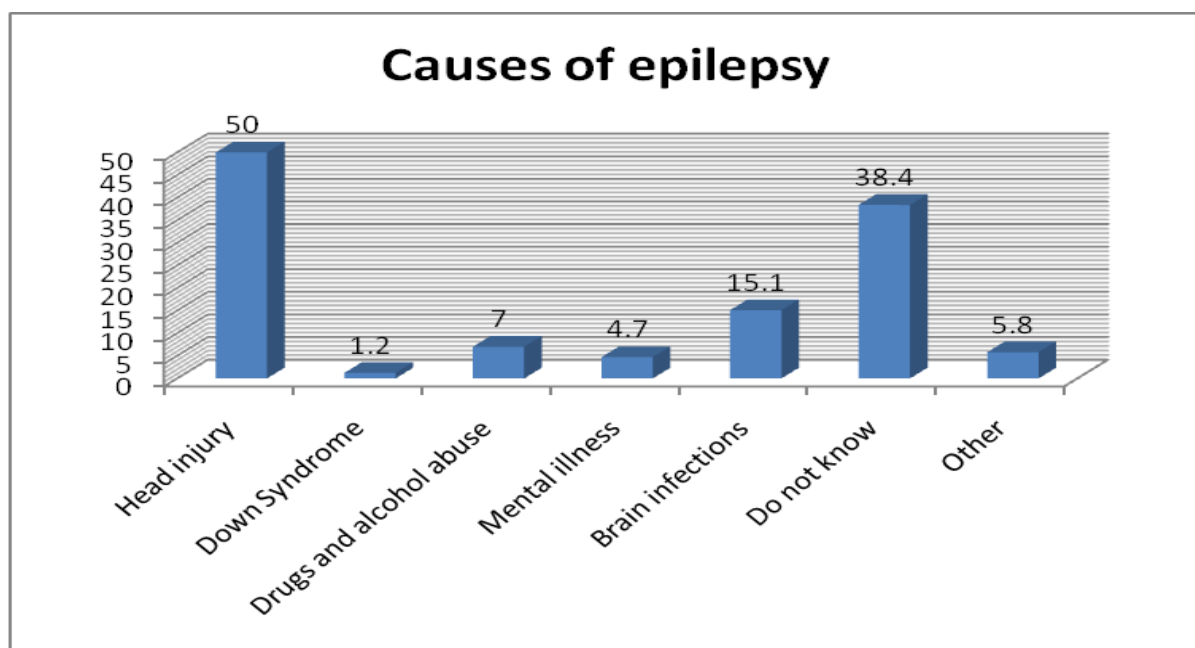
Table 5 Types of seizures

Types of Seizures	Number of respondents	Percentage of respondents
Absence (petit mal)	37	43%
Tonic clonic (grand mal)	32	37.2%
Myclonic	3	3.5%
Tonic	2	2.3%
Atonic	4	4.7%
Simple partial	3	3.5%
Complex partial	8	9.3%
Not familiar with any	42	48.8%
Other (explain)	3	3.6%

4.4.3 Causes of epilepsy

The respondents had been required to indicate a cause of epilepsy. The results had indicated that 50% of the 86 people that had responded to the question had stated head injuries, and 38.4% did not know the cause of epilepsy (see Graph 4). The respondents that had chosen the ‘other’ option (5.8%) had said the causes included “*genetic; hypoxia, CNS infection; and some did not think it was any of the listed causes*”. It is possible that the respondents had not been able to identify one cause as Eberhardt (2002) states that some of the causes cannot be identified or diagnosed.

Graph 4: Causes of epilepsy (percentage)



4.4.4 Description of Seizures

The respondents had been asked if they knew someone with epilepsy, of the 85 that had responded to the question, 62.4% knew someone with epilepsy, and 37.6% did not know someone with epilepsy. A follow up question was the description of what a seizure looked if they had not been able to name a seizure. The respondents had the option of choosing more than one option of the answers. However, the number of respondents to this question was 86 and 90.7% knew about the shakes or convulsions [Tonic-Clonic], 69.8% had said biting tongue and choking, 1.2% said Catalepsy, 24.4% said Amnesia [which was a misconception], to mention a few (see Table 6).

Table 6 Description of a seizure

Description of Seizures	Number of respondents	Percentage of respondents
Losing colour and foaming at the mouth	33	38.4%
Convulsions/ shaking/ muscle jerking	78	90.7%
Loss of consciousness	48	55.8%
Biting tongue and choking	60	69.8%
Catalepsy	1	1.2%
Amnesia	21	24.4%
Rolling eyes/ eyes turning back	56	65.1%
Do not know	3	3.5%

4.4.5 Seizure management

The respondents had been asked what they would do if someone had a seizure. The number of people that had responded to the question had been 85 and had the option of ticking more than one answer. However, 77.6% knew about seizure management, 25.9% would take them to the hospital, and a total of 11.8% knew the common mythical first aid of seizures such as holding a bunch of keys, sprinkling water over the face and massaging the body (see Table 7). Further on the ‘other’ option, 5.9% had said: “*clear immediate area to avoid person hurting himself or others; call help; comfort and safety seizure will pass; and often had to gently hold till it passes*”.

Table 7 Seizure management

First aid	Number of respondents	Percentage of respondents
Take the person to a hospital	22	25.9%
Make the person hold a bunch of keys	3	3.5%
Sprinkle water over the face	1	1.2%
Roll the person into a recovery position	66	77.6%
Massage the body	6	7.1%
Do not know	12	14.1%
Other (explain)	5	5.9%

4.4.6 Knowledge of Anti-epileptic medication

It was important to find out employers’ knowledge about anti-epileptic medication because some of their judgement could be based on their misconceptions about the effects of the drugs on their prospective employee. The number of respondents to the question had been 86. The study had indicated that 54.7% were not aware of the different types of medication that was used to control seizures, and 46.5% knew about the medication. A follow up question had asked the respondents if they thought the medication had side effects that decreased productivity in the workplace. However, 74.4% had not thought that the medication had side

effects that could decrease productivity in the workplace, and 25.6% thought medication had effects. Eberhardt (2002) argues that it is not always completely accurate. Depending on the severity of the seizures, the medication taken can have debilitating effects upon the patient, such as concentration or memory problems, while for some increased need for sleep decreases their productivity.

4.4.7 Seizures and death

The respondents had been asked if they thought a person could die from seizures. The number of respondents to the question had been 86 of which 36% did not know, and 32% had said Yes and No (see Table 8). This question was important to ask the respondents as some employers tend to be hesitant to employ someone with epilepsy in the event that there might be a possibility of death. That is why some employers consider them to be a risk in employment as employers are obliged to take out insurance to cover injury that might arise from work. On the one hand, the few studies looking at the experience of people with epilepsy at work tend to show that they have no more accidents at work than anyone else (Jacoby *et al.*, 1998). However, people can die from a seizure if they do not get immediate first aid and medical attention.

Table 8 People die from seizures

People die from Seizures	Number of respondents	Percentage of respondents
Yes	28	32%
No	28	32%
Do not know	31	36%

4.4.8 Identification of a person with epilepsy

The respondents had been asked if anyone could get epilepsy at any age. The reason for the question was that people have misconceptions that a certain tribe or religion or race can get epilepsy and some people believe you are born with it. The study results had shown that out of the 84 that had responded to the question, 90.5% had agreed that epilepsy could affect anyone at any age whereas 1.2% had disagreed, and 8.3% did not know.

In the experience of the researcher working within the communities, people had thought epilepsy was contagious [often likened to Tuberculosis or chicken pox], but the study had

shown that out of 84 respondents 97.3% of the respondents did not see epilepsy as something you could catch from another and a small percentage (1.2%) had seen it as being contagious.

Furthermore, the respondents had been asked the possibility of being able to identify a person with epilepsy just by looking at them. The study results had shown that out of 86 respondents, 94.2% had stated that a person with epilepsy cannot be identified and 5.8% did not know. Epilepsy does not have a physical disability; it cannot be identified unless a person discloses their status. A common misconception is that people with profound disabilities such as Parkinson diseases have epilepsy.

4.4.9 Prevalence of epilepsy in South Africa

It is often assumed that many people do not know the prevalence of epilepsy in South Africa. The study results had confirmed the latter statement out of the 85 respondents, 21% had shown the true statistics of 1 in every 100 population in accordance with Epilepsy South Africa of the Western Cape; 30% had chosen the world wide statistics of 1 in every 200 population; and 49% did not know (see Table 9).

Table 9 Prevalence of Epilepsy in South Africa

Prevalence of Epilepsy	Number of respondents	Percentage of respondents
1 in every 100 population	18	21%
1 in every 200 population	26	30%
Do not know	42	49%

4.5. Observable actual behaviours

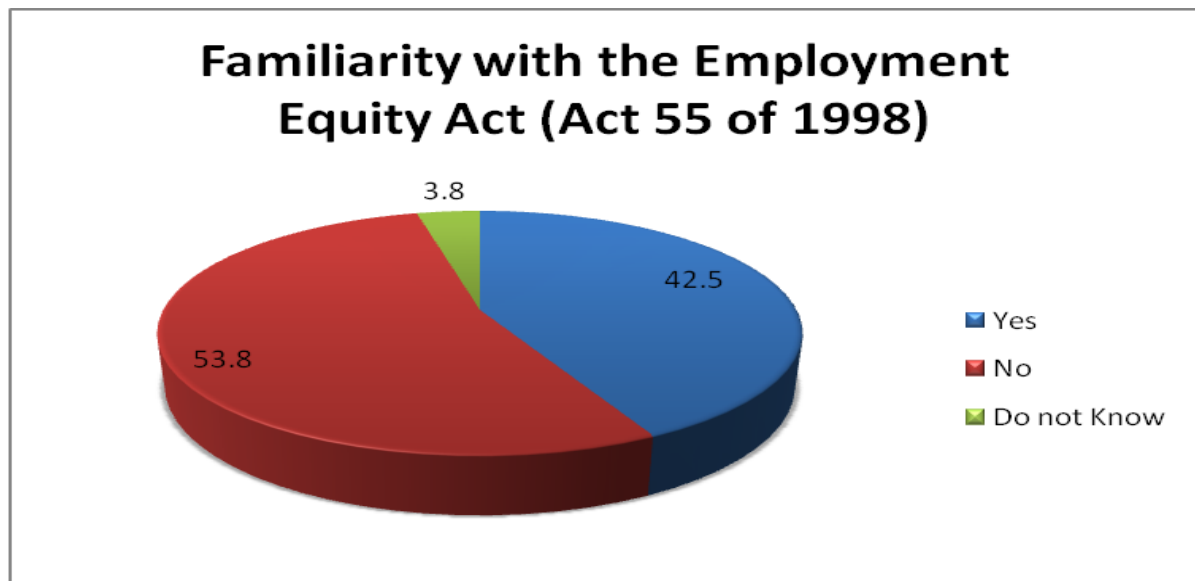
This section of the research study determined the actual behaviours of employers in employing people with epilepsy. This section will include statutes practices, employment practises, and employers future plans.

4.5.1 Statutes and Policies

The study results had shown that out of the 80 respondents, 53.8% were not familiar with the contents of the Employment Equity Act (No. 55 of 1998) with regards to epilepsy and

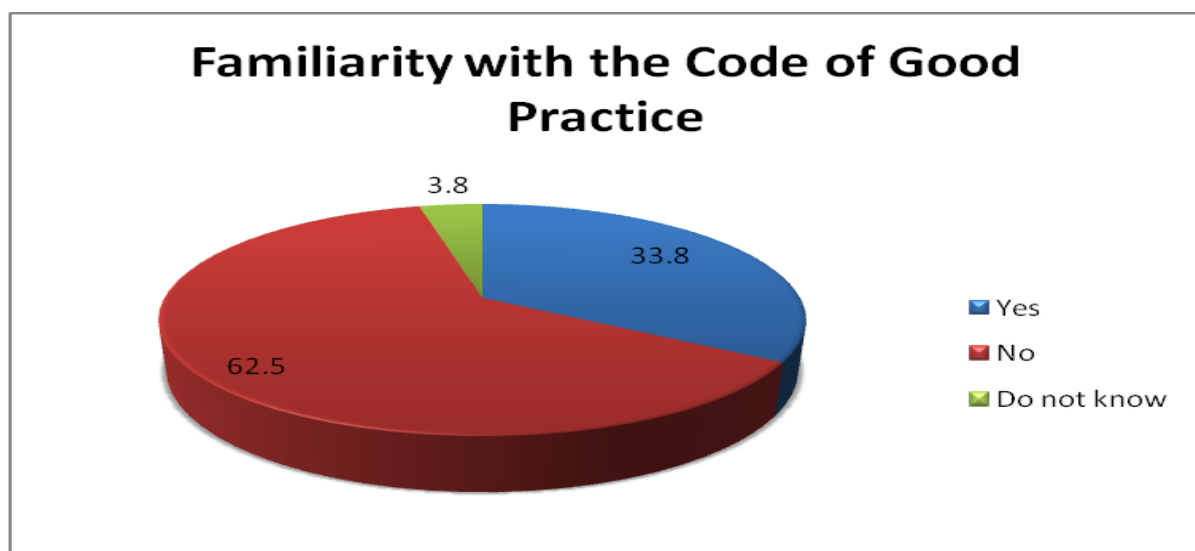
employment; 42.5% were familiar with the Act; and 3.8% did not know the Act's contents (see Graph 5). Epilepsy is a disability and any policy that governs disability is inclusive of epilepsy. However, in accordance with Epilepsy South Africa of the Western Cape findings (2008), some did not recognise epilepsy as a disability and the Act being inclusive of the condition.

Graph 5 Familiarity with the Employment Equity Act (No. 55 of 1998) (percentage)



Further, 62.5% of the 80 respondents were not familiar with the Code of Good Practice in the employment of people with epilepsy as stipulated in the Employment Equity Act (No. 55 of 1998); 3.8% did not know about the code (see Graph 6).

Graph 6 Familiarity with the Code of Good Practice (percentage)



4.5.2 Organisational policy on disability

When respondents had been asked if they had a policy on the employment of people with disabilities, out of the 81 respondents 45% did have a disability policy; 55% did not have the policy; and 2% did not know if they had a policy on disability (see Table 10). In accordance with the abovementioned results, it would seem that majority of the businesses do not have a policy on disability. This would mean that some businesses are not complying with the Employment Equity Act (No. 55 of 1998). Nonetheless, a follow up question for the respondents had been for those who had a disability policy asking the respondents if they had implemented their policy, 50% had stated they had implemented within their organisations, 45% had not implemented the policy and 5% did not know if the policy had been implemented.

Table 10 Policy on the employment of people with disabilities

Policy on the employment of people with disabilities	Number of respondents	Percentage of respondents
Yes	37	45%
No	45	55%
Do not know	2	2%

Further, when respondents had been asked if the contents of their disability policy included the employment of people with epilepsy, results had shown that 44% out of the 80 respondents to the question had the policy that included people with epilepsy; 35% did not include them; and 21% did not know if the policy included the employment of people with epilepsy (see Table 11).

Table 11 Policy inclusion in the employment of people with epilepsy

Policy inclusion in the employment of people with epilepsy	Number of respondents	Percentage of respondents
Yes	35	44%
No	28	35%
Do not know	17	23%

4.5.3 Employment of people with epilepsy

The study results had shown that out of the 81 respondents, responding to the question of ever having employed a person with epilepsy, 30% had said yes; 49% had never employed a person with epilepsy; and 21% did not know if they had ever employed someone with

epilepsy (see Table 12). Perhaps not knowing if they have ever employed someone with epilepsy can be attributed to the fact that some do not disclose their disability.

Table 12 Employment of people with epilepsy

Employment of people with epilepsy	Number of respondents	Percentage of respondents
Yes	25	30%
No	40	49%

Further, the respondents had been asked if they thought the labour legislation had been implemented within the organisation with regards to the employment of people with disabilities. The results stated that out of the 77 respondents, 61% had stated yes; 22% had stated no; and 18% did not know (see Table 13). However, when the respondents had been asked if their organisation had received a warning on non compliance in employing people with disabilities, the results showed that none of the organisations had ever received a warning on non compliance with the legislation. The results had also indicated that the majority of the respondents were compliant with the Employment Equity Act (No. 55 of 1998). Whereas the small minority who had indicated not knowing about the implementation and not implementing could be attributed to what Thomas (2002) had stated as a lack of monitoring and commitment on all levels, that is, government and corporate.

Table 13 Implementation of Labour legislation with regards to the employment of people with disabilities

Implementation of the Labour legislation with regards to the employment of people with disabilities	Number of respondents	Percentage of respondents
Yes	47	61%
No	17	22%

Cooper's (1995) findings state that employers appeared to be rather unaware of the employment problems faced by people with epilepsy. As epilepsy is generally not a registered disability employers are unable to monitor their company's recruitment and promotion methods. It seems that line managers are left to decide on the employment of people with epilepsy often without even general awareness training on equal opportunities. Consequently their need to meet targets and their personal attitude to epilepsy determine the employment chances for people with epilepsy.

4.5.4 Employment practices

4.5.4.1 Employing people with disabilities

The respondents had been asked if they had any difficulty in employing people with a disability when the open labour market was filled with unemployed able bodied people. Out of the 78 respondents to the question, 34% indicated difficulty in employing people with disabilities; 64% stated no difficulty in employing people with disabilities from the open labour market; and 2% did not know (see Table 14). However, it is noted that rates of underemployment are reported to be higher for people with epilepsy, but these rates are more difficult to quantify. The majority of studies investigating employment and unemployment rates among people with epilepsy have been based on highly selected populations or small samples (Elwes *et al.*, 1991). Bishop and Allen (2001) stated the unemployment and underemployment of adults with epilepsy continued to be a serious problem. The unemployment rate experienced by people with epilepsy has frequently been shown to be higher than that of the general population.

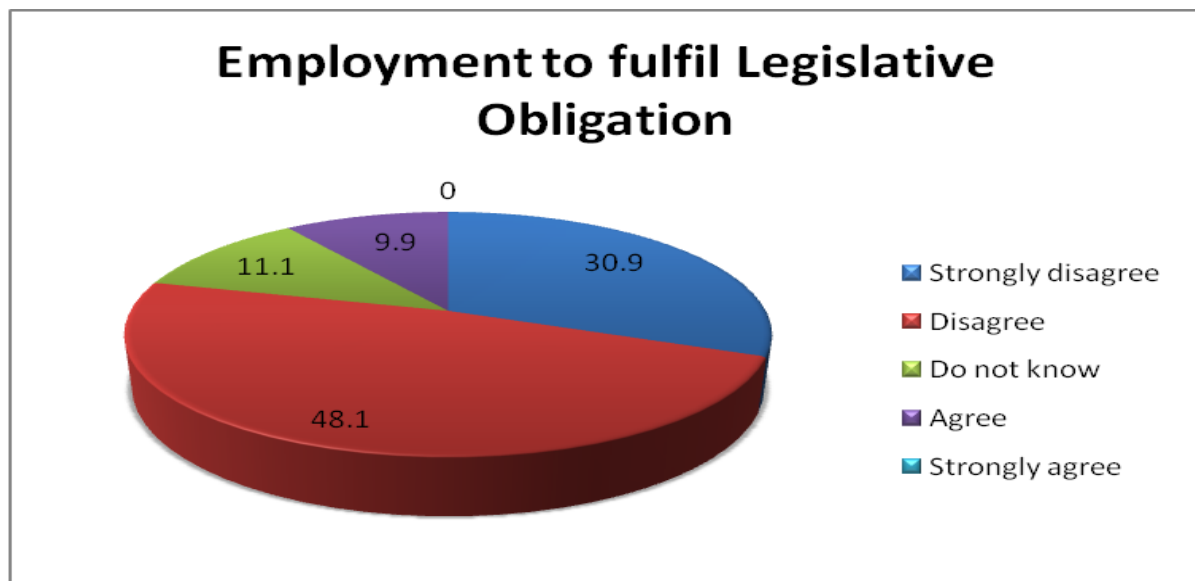
Table 14 *Difficulty in employing people with a disability*

Difficulty in employing people with a disability	Number of respondents	Percentage of respondents
Yes	27	34%
No	50	64%

4.5.4.2 Enforced Legislative obligation

Further, the respondents had been required to choose from a Likert scale from strongly agree to strongly disagree if their organisation would employ someone with epilepsy only if forced by a legislative obligation. Out of the 81 respondents, 30.9% had strongly disagreed, 48.1% had disagreed that they would employ people with epilepsy only if forced by a legislative obligation; 9.9% agreed they would employ as a legislative obligation if forced; and 11.1% were neutral in their response (see Graph 7).

Graph 7 Employment to fulfil legislative obligation (percentage)



4.5.4.3 Medical Certificate

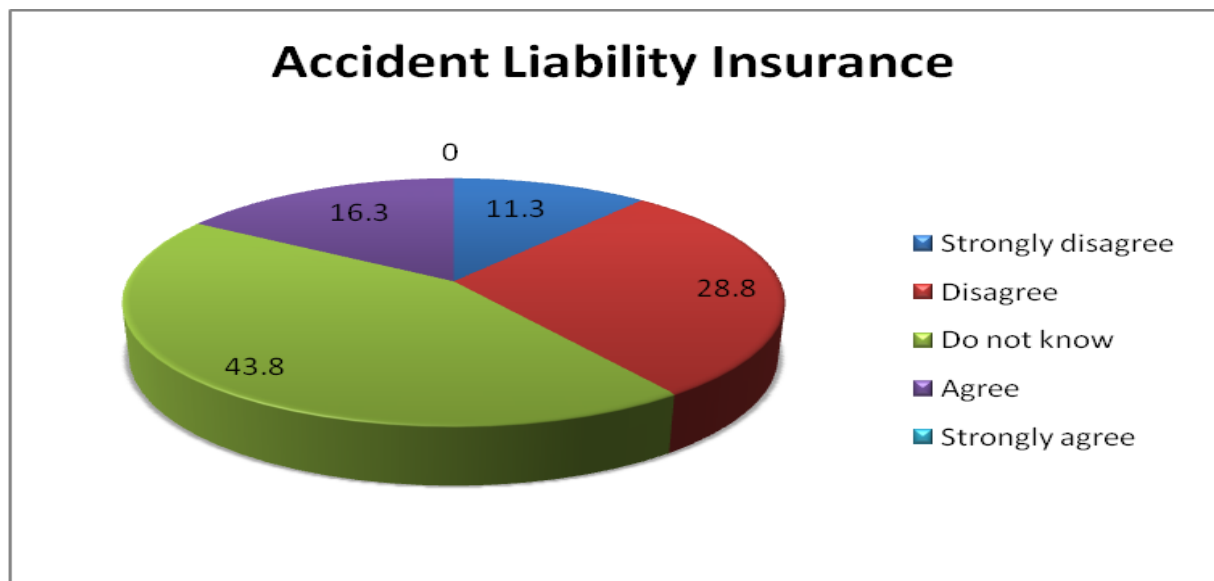
The respondents had been required to respond to the question of requiring a medical certificate when considering employing someone with epilepsy. Out of the 82 respondents, 11% had strongly disagreed, and 31.7% had disagreed that a medical certificate would be required for employing people with epilepsy; 26.8% had agreed and 3.7% had strongly agreed that a medical certificate was a determining factor; and 26.8% did not know. The results indicate that even though the minority of the people did not require a certificate, others required one as this depended on the type of job that could have risk factors to the person with epilepsy. Jacoby *et al.*, (1998) state certain occupations are barred by law to the person with epilepsy because of the potential hazards to him or her or others if a seizure occurs in the workplace. That is why it is important for the employer to see a medical certificate stipulating the doctor's confirmation of the person's ability to function within the workplace without being a potential liability.

4.5.5 Accident liability insurance

The respondents had been required to choose from strongly agree to strongly disagree if people with epilepsy were excluded from being employed because they were not entitled to employees' accident liability insurance. Out of the 80 respondents, 11.3% had strongly disagreed, 28.8% had disagreed being a restriction; 16.3% had agreed that it was a restriction

to employment and 43.8% did not know (see Graph 8). Jacoby *et al.*, (1998) stated employees' accident liability as a restriction to employment, but the ineligibility of people with disabilities for employees' accident liability insurance has been used incorrectly as a reason for not employing someone with epilepsy. However, employers are obliged to take out insurance to cover injury that might arise from work (Jacoby *et al.*, 1998).

Graph 8 Accident liability insurance (percentage)



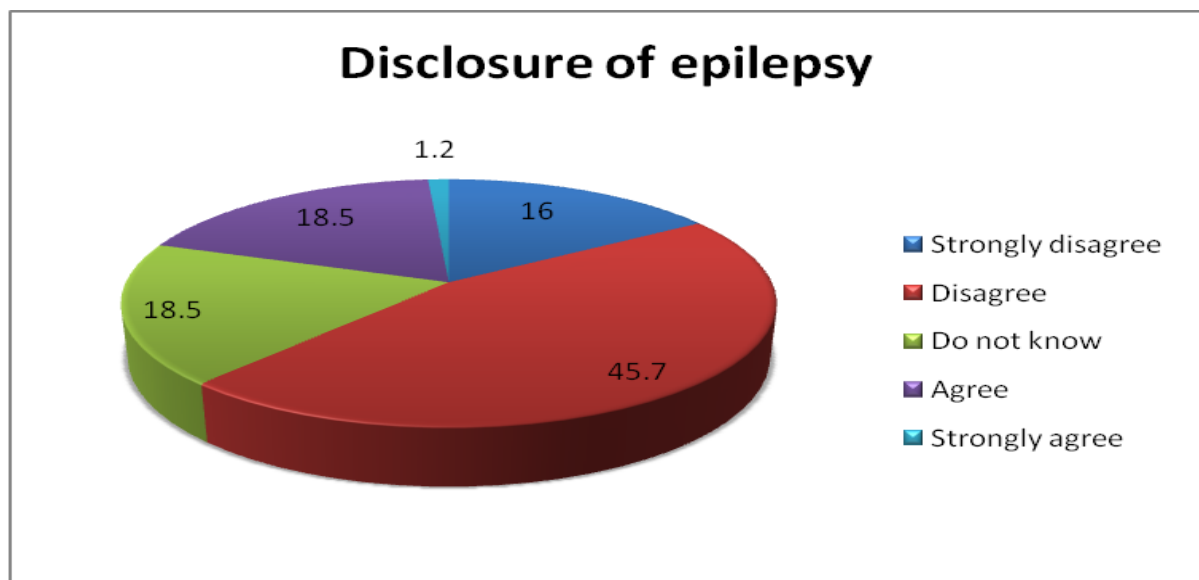
4.5.6 Disclosure of epilepsy

The respondents had been required to choose from strongly agree to strongly disagree if they thought a failure to declare or disclose their epilepsy status could result in instant dismissal. Out of the 81 respondents, 16% had strongly disagreed, 45.7% had disagreed that it should be grounds for instant dismissal; 18.5% had agreed and 1.2% had strongly agreed that it was grounds for instant dismissal (see Graph 9). However, according to Jacoby *et al.*, (1998) disclosure was seen as a restriction to employment as many people with epilepsy choose not to declare their epilepsy to their existing or prospective employers. Those who are more likely to have seizures during the working day were more likely to declare it than those whose epilepsy was in remission or occurred during sleep (Jacoby *et al.*, 1998).

Furthermore, 53.8% of the respondents combined had agreed and strongly agreed that people with epilepsy should disclose their disability in a cover letter when applying for a position

within their organisations; and 31.3% of the respondents combined disagreed and strongly disagreed with regards to people with epilepsy disclosing their disability in a cover letter. Lewis (1975) stipulated that it is required that both employers and employees declare factors which might prejudice the safety of employees, and epilepsy was regarded as a relevant factor. A failure to declare could result in instant dismissal which would not be considered unfair if brought before an industrial tribunal (Jacoby *et al.*, 1998).

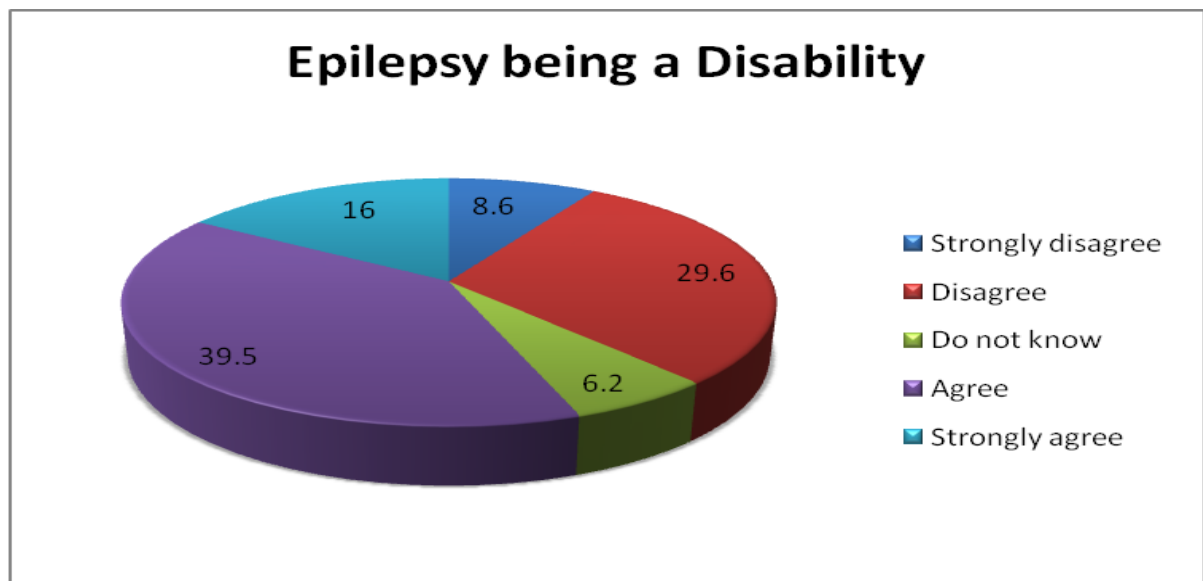
Graph 9 Disclosure of epilepsy (percentage)



4.5.7 Employer views on Epilepsy being a disability

The study had revealed that 39.5% and 16% had agreed and strongly agreed respectively that epilepsy was a disability and 29.6% and 8.6% had disagreed and strongly disagreed respectively that it was a disability (see Graph 10). Epinews (2008) had reported that epilepsy was not seen as a disability, people did not consider it to be long term related, recurring, impairment related and substantially limiting. The majority of the respondents believed people's attitudes, environmental circumstances and perceptions had a pivotal role in interpreting the condition (Epinews, 2008).

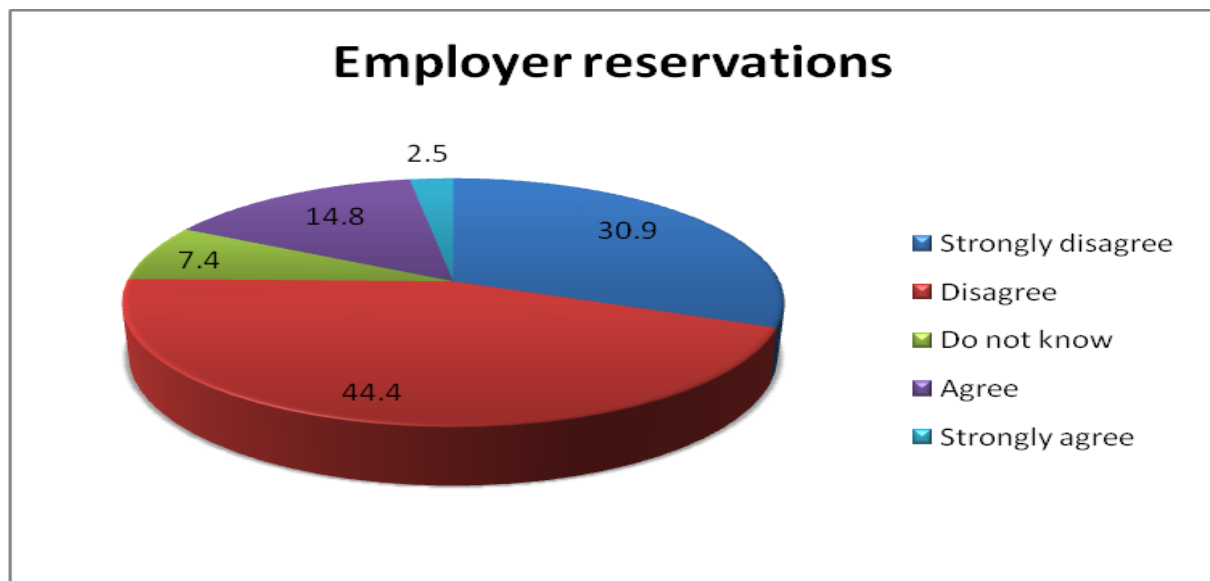
Graph 10 Epilepsy being a disability (percentage)



4.5.8 Employer reservations

The study revealed that a total of 17.3% of the respondents did not have any reservations about employing someone with epilepsy; a total of 75.3% had strong reservations in employing someone with epilepsy (see Graph 11). Jacoby *et al.*, (1998) stated being a person with epilepsy had an impact or restrictions to being employed. As stipulated in subsection 4.5.4.3 of this chapter, certain occupations are barred by law to the person with epilepsy because of the potential hazards to him or her or others if a seizure occurs in the workplace. Further, given the organisational data, perhaps those that had disagreed were perhaps in businesses that were not suitable for people with epilepsy such as transport, merchant seaman, and in the armed services to mention a few.

Graph 11 Employer reservations in employing people with epilepsy (percentage)



4.5.9 Epilepsy safety issues for organisations

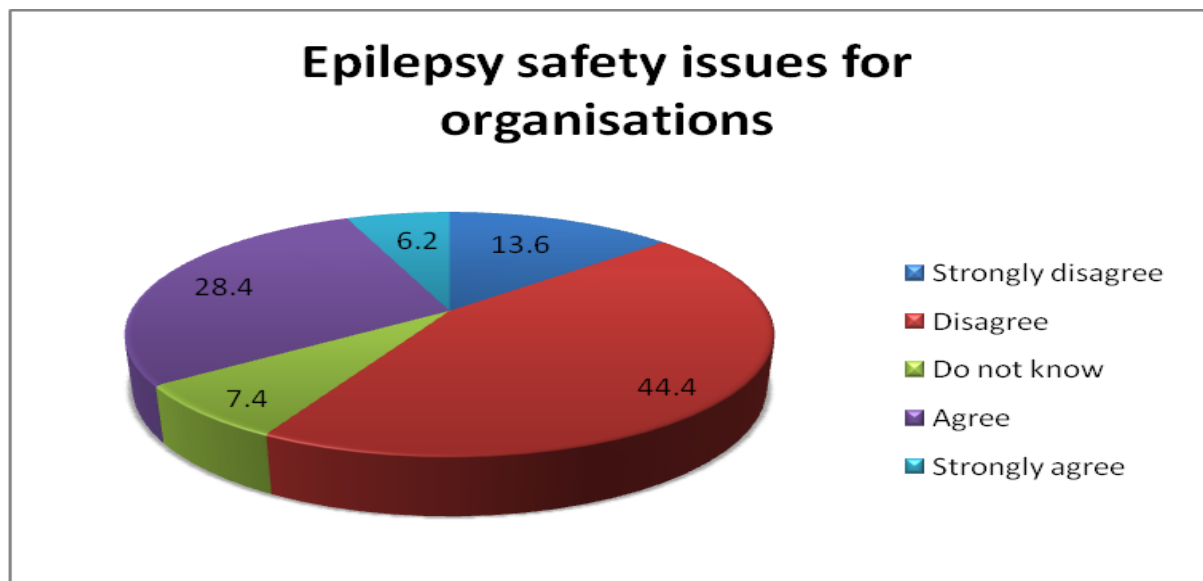
When asked if employing someone with epilepsy posed as a high risk (safety) issue for the organization, a total of 58% of the respondents had disagreed that epilepsy posed a high risk issue. On the one hand, a total of 34.6% of the respondents had agreed that there were some risks involved (see Graph 12). However, depending on the job description, some jobs were governed by health regulations as certain positions also involved substantial risks if seizures were not fully controlled. These included working at heights and working alone near open water or around unguarded machinery or fires, to mention a few (Jacoby *et al.*, 1998). In the emails from three of the respondents from the study, they had concurred with the aforementioned statement (see original emails in Appendix V):

Respondent 1: We are in engineering and work in a dangerous environment. My knowledge about this epilepsy is limited and cannot comment on your questionnaire. We work with heavy machinery and cannot consider anyone with any type of disability as teamwork is of utmost importance and taking medicine to control the condition might have side effects which might again affect the behavior.

Respondent 2: We work in a factory environment with heavy moving machinery which makes it not possible for danger reasons to employ anyone with epilepsy, blindness or poor sight, or hearing deficiency. Therefore there is no point in our doing this survey.

Respondent 3: All the employees (4 in number) perform the installations on (industrial) construction sites and have to be medically and psychologically fit to work at heights (above 2 meters) as required by the construction regulations.

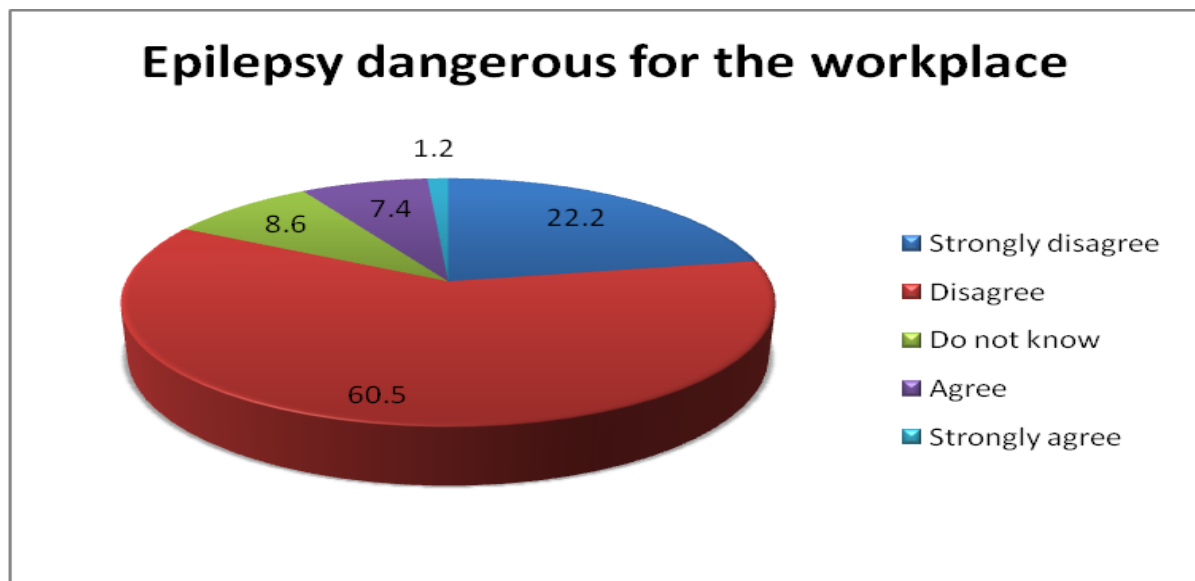
Graph 12 Epilepsy safety issues for organisations (percentage)



4.5.10 Epilepsy dangerous for the workplace

The respondents had been asked if they thought people with epilepsy were a danger for the workplace. The results had shown that a total of 82.7% of the respondents had disagreed that people with epilepsy were dangerous for the workplace. A total of 8.6% of the respondents had agreed people with epilepsy being a danger for the workplace (see Graph 13). A follow up question had asked respondents if they thought people with epilepsy were capable of violent behaviour during a seizure. A total of 58.8% of the respondents disagreed that during a seizure a person with epilepsy was capable of violent behaviour; 10% of the respondents believed that they were capable of violent behaviour; and 31.3% did not know. Nonetheless, people with epilepsy do not pose a danger in the workplace as some would assume that the medication has negative side effects that would result in aggressive behaviour (Epinews, 2008).

Graph 13 Epilepsy dangerous for the workplace (percentage)



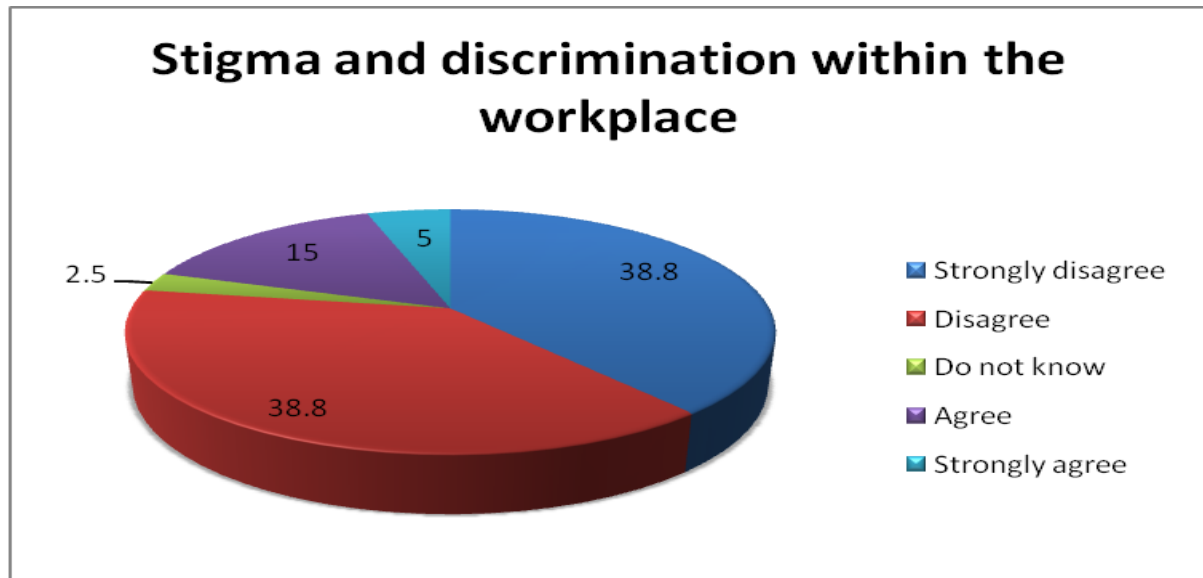
4.5.11 Stigma and discrimination within the workplace

The respondents had been asked if their organisation had concerns about stigma and discrimination that may arise within the workplace if they employed someone with epilepsy. A total of 77.6% of the respondents had disagreed that their organisation would be concerned about stigma and discrimination within the workplace if they employed someone with epilepsy. A total of 20% of the respondents had agreed that the organisation would have concerns if they were to employ people with epilepsy (see Graph 14). Scrambler and Hopkins (1980) concur with the aforementioned results that the external mechanisms in the form of stigma and discrimination, whether formal or informal, overt or covert, intentional or unintentional, contributed to the compromised employment position of people with epilepsy. Jacoby et al (1998) stated the stigma attached to epilepsy resulted in the prejudice on the part of the employers and co-workers thereby limiting employment opportunities for individuals with epilepsy.

However, the fear of employer discrimination or stigmatization at work appeared to be significantly influencing the employment situation for people with epilepsy. That is, the fear of stigma and discrimination on the part of employers have been identified in several studies as playing significant roles in the unemployment among persons with epilepsy (Bishop and Allen, 2001). The aforementioned statements do not concur with the results of the

respondents of being concerned about stigma and discrimination within the workplace nor does it indicate a negative attitude or prejudice towards people with epilepsy.

Graph 14 Stigma and discrimination within the workplace (percentage)



4.5.12 Perceptions on work ethics

The respondents had been asked if they thought people with epilepsy were not able to cope in a work environment. A total of 92.6% of the respondents had disagreed that people with epilepsy could not cope in a work environment; a total of 4.9% of the respondents had agreed that they could not cope, and 2.5% of the respondents did not know. Further, the respondents had been asked if they thought people with epilepsy had indicators of poor performance and could not be relied on. A total of 90.2% of the respondents had disagreed that they could not be relied on; 1.2% of the respondents had agreed that they could not be relied on; and 8.6% of the respondents did not know. The results concurs with Jacoby *et al.*, (1998) who had stipulated that there is no evidence that suggest any striking lack of efficiency at work in employees with epilepsy.

However, respondents had been asked if they thought that people with epilepsy had a high rate of sick leave. A total of 66.6% of the respondents had disagreed that they had a high rate of sick leave; 8.6% had agreed there was a high rate of sick leave; and 24.7% did not know. Jacoby *et al.*, (1998) state the rate of absenteeism was not markedly elevated in people with epilepsy and the turnover rate was reportedly lower. This may be due to the anticipated or

real difficulties in obtaining another job. Further, a total of 69.5% of the respondents disagreed that anti-epileptic medication reduced people's ability to work; 3.7% of the respondents agreed that the medication reduced people's ability to work; and 26.8% did not know. When the respondents were asked if they thought the medication caused drowsiness and increased the need to sleep, a total of 40.7% of the respondents disagreed, 16% agreed, and 43.2% did not know. The overall results do not concur with Eberhardt (2002) and Jacoby *et al.*, (1998) who state that the medication taken could have debilitating effects upon the patient, such as concentration or memory problems, and while for some increased need for sleep thereby decreasing their productivity.

4.5.13 Stress

The respondents had been asked what they thought about people with epilepsy not being promoted within the workplace as this was thought to increase their levels of stress associated with the demands of work. A total of 81.3% of the respondents disagreed that they should not be promoted on the grounds of stress; 2.5% of the respondents agreed that they cannot be promoted; and 16.3% of the respondents did not know. Jacoby *et al.*, (1998) further stipulate that stress is a restriction to employment. That is, stress is recognised as a possible seizure precipitant. A survey done in the United States in 1978 suggested that approximately 50% of people with epilepsy who were employed were in posts less demanding than what would have been anticipated from the person's educational attainment. Nonetheless, the results showed that majority of the respondents did not agree that people with epilepsy cannot be promoted within the workplace and stress was not seen as a restriction to the promotion of a person with epilepsy.

4.5.14 Reasonable accommodation

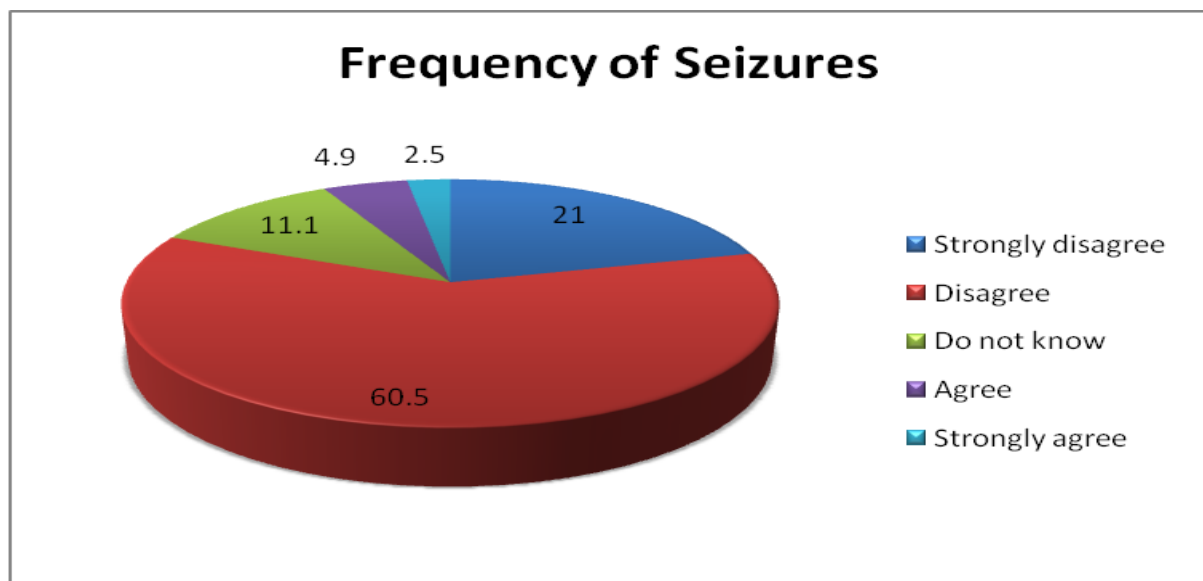
The respondents had been asked if they thought it was costly to accommodate people with epilepsy. A total of 77.8% of the respondents had disagreed it had any cost effects; a total of 4.9% of the respondents agreed that there were cost implications, and 17.3% of the respondents did not know. The aforementioned results of the majority of the respondents disagreeing about the cost implications concurs with the Epinews (2008) stating that accommodating people with epilepsy had no cost implications since it was not a physical disability no restructuring of the workplace was required.

Further, a total of 75.4% of the respondents disagreed that people with epilepsy did not enjoy the same pension benefits; 3.7% of the respondents agreed they did not enjoy the benefits; and 21% of the respondents did not know. According to Jacoby *et al.*, (1998) pension schemes were noted as restrictions to employment in the sense that many employers may believe that new recruits to their pension schemes should have high standards of health. However, people with epilepsy can enjoy the same benefits as large company schemes were usually based on a group policy with no requirement for individual health criteria to be met (Jacoby *et al.*, 1998).

4.5.15 Impact of the type of seizures and frequency in employment

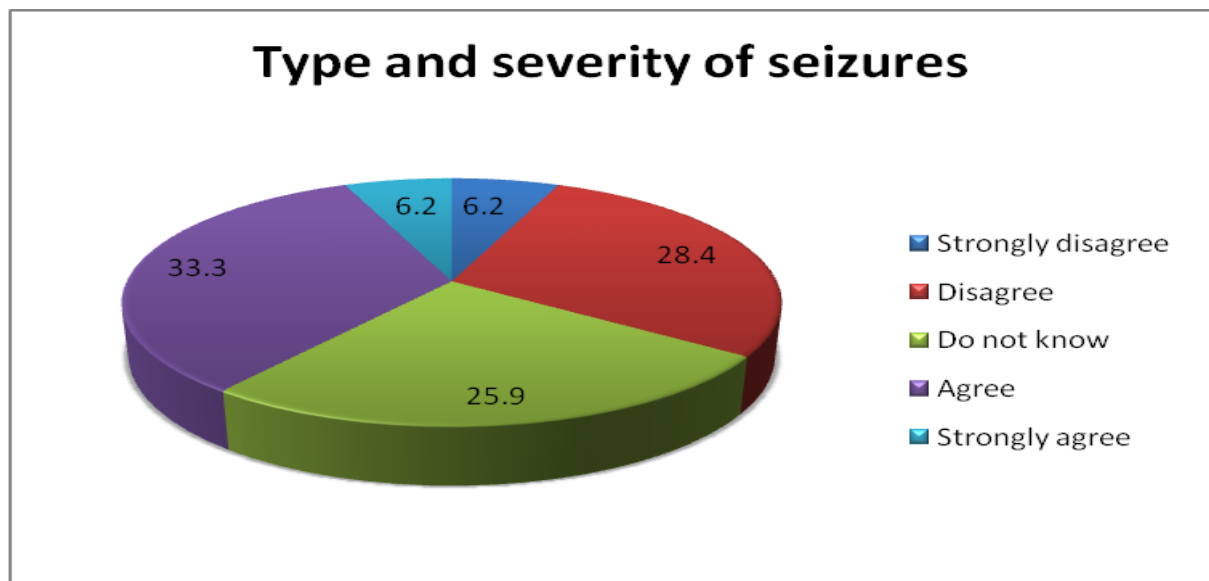
The respondents had been asked if they thought most people with epilepsy could not work because of uncontrolled frequent or severe seizures. A total of 81.5% of the respondents had disagreed with the aforementioned statement; a total of 7.5% of the respondents had agreed; and 11.1% of the respondents did not know (see Graph 15).

Graph 15 Frequency of seizures determinate to employment (percentage)



In addition, when the respondents were asked if they thought the type and severity of seizures determined the employment of people with Epilepsy, a total of 34.6% of the respondents disagreed that the type and severity were determining factors; a total of 39.5% of the respondents agreed it was a determining factor; and 25.9% of the respondents did not know (see Graph 16).

Graph 16 Type and severity of seizures determinates to employment (percentage)



The abovementioned results correspond with McLellan (1987: 94) quoting Hayes (1984) stipulating that numerous reports attest to the importance of the frequency of attacks in determining the case with which people can be placed in employment. One of the most striking sets of data comes from the Training and Placement Services (TAPS) Scheme set up by the Epilepsy Foundation of America in 1976. Experienced employment officers working for TAPS had a 40% success rate of placing people with epilepsy in jobs if they had six seizures a year, and if they had 20 a year they had a success rate of 11%, but for those who had more than one seizure a week, only one in every 165 people could be placed in competitive employment (McLellan, 1987: 94).

Higher rates of unemployment were found among persons with active epilepsy compared with people whose epilepsy was in remission or well-controlled (Elwes *et al.*, 1991). Inasmuch there has been reported higher unemployment rates among those people who have one or more generalized tonic– clonic seizures or complex partial seizures per year (Eberhardt, 2002).

The employability of people with epilepsy was significantly affected by certain factors: the frequency and severity of seizures; age at onset; inter-seizure psychosocial disabilities including self-esteem, personality, and problem-solving style; and social discrimination. Heaney (1990) reaffirms the aforementioned by stipulating that those are other factors

associated with unemployment or underemployment among people with epilepsy. In which rates of unemployment have consistently been found to be higher among individuals with more frequent seizures (Yagi, 1998).

4.6. Future Plans

4.6.1 Epilepsy South Africa Services

The respondents had been asked to indicate if they had heard of Epilepsy South Africa in the Western Cape. Out of a total of 78 respondents, 41% had heard of the organisation and 60.3% had never heard of the organisation. A follow up question had then asked the respondents if they had used the organisation's services, 93.6% of the respondents had never used the services and 6.4% of the respondents had used their services. Further, when asked if they knew about the psychosocial assessment services available to organisations to determine the employment suitability of people with epilepsy, results showed that 96.2% of the respondents did not know and 3.8% did know about the services. However, the respondents when asked if they would consider utilising such services, 74.4% of the respondents were interested in utilising Epilepsy South Africa's services and 26.9% of the respondents showed no interest.

Further, the respondents had been asked to indicate if their organisation had ever received training with regards to epilepsy and seizure management [first aid]. The results showed that 82.1% of the respondents had never received training on epilepsy and seizure management, 9% of the respondents had received the training, and 9% did not know. A follow up question had then asked respondents to indicate if their organisation was interested in receiving such training from Epilepsy South Africa. The results showed that 52.6% of the respondents were interested in receiving the training and 47.4% showed no interest in the training.

4.6.2 Factors to consider when employing a person with epilepsy

In this section the respondents had been required to choose the factors they would consider when employing someone with epilepsy. The respondents had the option of selecting more than one answer. The study had revealed, to mention but a few, [arranged in chronological order and mentioned in accordance with the top five highest number of responses of the factors chosen] that majority of the respondents would firstly consider someone who was

qualified for the job; secondly the type of epilepsy regardless of whether it was mild or severe; thirdly disclosure of epilepsy status; fourthly the person with epilepsy is compliant with the anti-epileptic medication; and the fifth being a tie of respondents of which they would consider medical certificate indicating ability to work and the number of times a person with epilepsy has a seizure in a week (see Table 15).

Table 15 Factors to consider when employing someone with epilepsy

Factors to consider when employing a person with epilepsy	Number of respondents
The person is qualified for the job	75
Type of epilepsy (whether it is severe or mild)	51
Disclosure of epilepsy status	42
The person with epilepsy is compliant with the Anti-epileptic medication	39
Medical certificate indicating ability to work	37
The number of times a person with epilepsy has a seizure in a week.	37
Epilepsy South Africa's psychosocial assessment (i.e. support services)	34
The person with epilepsy is able to work under pressure (stress related work)	33
Professional indemnity insurance in case of injuries	31
Access to the support services from Epilepsy South Africa.	27
The behaviour of the person with epilepsy during a seizure (capable of violence)	21
Availability of Epilepsy South Africa's psychosocial assessment.	18
The person with epilepsy has a certificate stipulating full mental stability	15
The person with epilepsy is able to produce a quarterly medical certificate that proves their adherence to medication.	15
The person with epilepsy has undergone a neuropsychological assessment (in the areas of intelligence, memory, speed, digestion of information, and personality.)	12
Access to a nurse on the premises	11
Availability of funds to accommodate employees with epilepsy within the workplace	7
Other (Explain)	5

Further in the section where respondents had chosen the option 'others' they explained that:

Respondent 1: Every case will have to be considered on its own merits, and the necessary measures will have to be taken to accommodate such a person depending on the requirements and availability of funding. No person's is in principle disqualified.

Respondent 2: In my mind I separate Admin from Factory Floor, I have no issues. On the Factory Floor I would be more cautious as [there] is a liability that I would attract as the employer if my employee had a fit [seizure] that resulted in an injury. At the end of the day I am responsible. We try manage this [by] split duties [that is] mornings on operating equipment and afternoon in a less stimulating environment [for example] moving or packing stock.

Nonetheless, the respondents had been asked to indicate if they would consider employing someone with Epilepsy if offered by the Government financial benefits and / or other incentives. The study revealed that 56% of the respondents would consider that factor, 16%

of the respondents would not consider it, and 28% did not know if they would consider that factor.

4.6.3 Marketing by Non Governmental Organisations and Employment Agencies

The study revealed that 66.2% of the respondents stipulated that Non Governmental Organisations (NGO) that represented people with disabilities were not adequately promoting people with epilepsy or other disabilities. A small percentage of 9.1% of the respondents stated the NGO's adequacy in promoting the disability sector and 24.7% did not know. This may, in general, indicate why some organisations have reservations in employing people with disabilities as they are not sensitized about disabilities as well as not being in partnership with the existing NGO's.

Furthermore, the respondents had been asked to indicate if they used employment agencies in recruiting employees. The results showed that 64.9% of the respondents did not use employment agencies, 33.8% of the respondents used employment agencies, and 1.3% did not know if their organisation used employment agencies. A follow up question had then asked the respondents to indicate if they thought employment agencies were placing adequate members of people with disabilities into the open labour market. The results had shown that 3.9% of the respondents thought so, 44.2% of the respondents did not think so and 51.9% did not know.

4.6.4 Benefits of employing people with epilepsy

In this section the respondents had been required to indicate the benefits their organisation would obtain if they were to employ people with epilepsy. The respondents had the option of selecting more than one answer. The study revealed, to mention but a few, [arranged in chronological order and mentioned in accordance with the top five highest number of responses of the chosen benefits] majority of the respondents would have the benefit of a diverse workforce with a culture of inclusion; an increase in corporate social responsibility (CSR); enhancement of good people relations; positive effect on overall employee morale; and improvement of the Broad Based Black Empowerment (BBBE) scoring status (see Table 16).

Table 16 Benefits of employing people with epilepsy

Benefits of employing people with epilepsy	Number of respondents
Increase in a diverse workforce with a culture of inclusion	41
Increase in corporate social responsibility (CSR)	33
It would enhance good people relations	27
Positive effect on overall employee morale	24
Improvement on the Broad Based Black Empowerment (BBBE) scoring status	23
Development of dedicated and reliable Employees	22
Enhancing the reputation and or brand of the organization	19
Increase in loyalty and commitment to the organization	18
Low Employee Turnover as people with disabilities seldom leave their places of employment	17
Increased community support	16
Other (Explain)	15
The organization will be eligible for economic incentives such as a tax reduction.	6
It would increase our chances of accessing tendering contracts	5
It would increase the chances of getting subsidies	1

Further in the section were respondents had chosen the option ‘others’ they explained that:

Respondent 1: In their industry, Epilepsy would be a problem;

Respondent 2: No advantage;

Respondent 3: Only benefits if person is competent and able to do the work- not interested in disabilities as everyone has challenges;

Respondent 4: Would not employ someone with Epilepsy for indirect benefits, i.e. the value contributed by the employees is why he/she will be employed;

Respondent 5: They are an individual that can work, so I can't say there is a benefit its the same as asking what are the benefits of employing a person without Epilepsy, I really would not want like to categorise people;

Respondent 6: Peace of mind in knowing that we are helping people in need who are discriminated against in society.

4.6.5 Programmes for people with disabilities and NGO partnerships

The study had revealed that when respondents had been asked to indicate if they had an internship programme for people with disabilities, 93.5% of the respondents did not have an internship programme for people with disabilities, 3.9% of the respondents had the programme, and 2.6% did not know if they had the internship programme. A follow up question had then asked the respondents if they would consider ‘employing’ a person with a disability on a trial basis. The results showed 72% of the respondents would consider it, and 17% would not consider (see Table 17).

Table 17 Employing a person with epilepsy on a trial basis

Employing a person with epilepsy on a trial basis	Number of respondents	Percentage of respondents
Yes	55	72%
No	13	17%

Further, the respondents were asked to indicate if they were interested in strengthening partnerships with NGO's in the disability sector. The results stated 46.8% of the respondents being interested in the partnership while 29.9% of the respondents were not interested in the partnership. A follow up question had then been asked the respondents if there was a workshop informing companies about the benefits of employing people with disabilities would they consider attending. The results showed that 52.7% of the respondents would attend while 32.4% of the respondents would not attend the workshop. The respondents were then asked if there was a workshop on accessing services for ongoing support or coaching services for people with disabilities employed within the organisation would they attend. Results showed that 47.4% of the respondents would attend the workshop while 32.9% of the respondents declined. In conclusion to this section, some respondents had left their personal details when they had been given the option to be contacted by Epilepsy South Africa as a means to follow up.

5.7. Conclusion

This chapter had aimed to present a detailed report and discussion on the findings of the study. The understanding, knowledge, perceptions of epilepsy and observable actual behaviour of practices had been elucidated. In the chapter it had also incorporated previous studies done on epilepsy and employment, and their findings either confirmed or refuted the researcher's findings. Therefore, the study results have the valuable capacity to contribute to the body of knowledge in this field. Chapter Five will be the presentation of recommendations based on the research findings and conclusions.

CHAPTER FIVE

RECOMMENDATIONS AND CONCLUSION

5.1. Introduction

Chapter Five will present key recommendations and conclusions aimed at enhancing the employment opportunities of people with epilepsy. The main conclusions of the research will be presented thematically under the following objectives of the research: employers understanding of epilepsy; company policies that governed the employment of people with epilepsy; factors considered for the employment of people with epilepsy; the differential effects of epilepsy on employers perceptions in the employment of people with epilepsy; and finally the perception of employers in the employment of people with epilepsy. The recommendations will be offered to the employers, Department of Labour and Epilepsy South Africa of the Western Cape. The closing remarks will be made for this chapter.

5.2. Conclusions

The following are the main conclusions based on the findings of the research objectives.

5.2.1 Employers understanding of epilepsy

The research findings had shown that majority of the respondents had some knowledge and understanding about epilepsy. The respondents had knowledge about the causes of epilepsy. They had been able to describe a seizure despite not actually using the proper terminology. They were familiar with seizure management and the existence of anti-epileptic medication. It was important to note that majority of the respondents did not think you could identify a person with epilepsy, neither was it contagious nor that you were born with epilepsy. However, the minority of the respondents had no knowledge about the prevalence of epilepsy in South Africa.

5.2.2 Company policies that governed the employment of people with epilepsy

The findings showed that the respondents considered epilepsy to be a disability contrary to popular belief. In regards to the statutes of South Africa such as the Employment Equity Act (No.55 of 1998) and the Code of Good Practice, the majority of the respondents had not been familiar with the contents. The results had indicated that the majority of the respondents did not have a disability policy within their organisation and none of them had ever received a warning for not being compliant with legislation. Further, a minority of the respondents had indicated having implemented the disability policy and that the policy was inclusive of the employment of people with epilepsy. It was noted that the majority of the respondents had never employed a person with epilepsy and had no qualms in employing people with epilepsy.

However, the majority of the respondents had indicated that failure to disclose or declare epilepsy status was not grounds for instant dismissal, while others preferred the potential employee or applicant to declare their epilepsy status on their application cover letter. The majority of the respondents had strong reservations in employing people with epilepsy as certain occupations were barred to people with epilepsy. Further, the respondents had indicated that they did not consider epilepsy to be a high risk and a danger within the workplace. There were no concerns about prospective stigma and discrimination within the workplace, no concerns about lack of productivity, high rate of sick leave or absenteeism, cost implications for reasonable accommodation, accident liability insurance and medical certificate.

5.2.3 Factors considered for the employment of people with epilepsy

The majority of the respondents from the findings had stated, to mention but a few, that they would consider the person being qualified for the job, the type of epilepsy regardless of whether it was mild or severe; disclosure of epilepsy status; compliance with the anti-epileptic medication; Epilepsy South Africa's psychosocial assessment services; medical certificate indicating ability to work, and the number of times a person with epilepsy had a seizure in a week.

The respondents had been required to indicate the benefits of employing people with epilepsy. Summarily, the results showed that majority of the respondents considered the following as beneficial to their organisations: diverse workforce with a culture of inclusion; increase in corporate social responsibility (CSR); enhancement of good people relations; positive effect on overall employee morale; and improvement of the Broad Based Black Empowerment (BBBE) scoring status, to mention but a few. It was interesting to note that respondents had not considered chances of accessing tendering contracts, eligibility for economic incentives, and getting subsidies as beneficial to their organisations.

5.2.4 The differential effects of epilepsy on employers perceptions in the employment of people with epilepsy

The results had shown that the respondents did not agree that people with epilepsy could not work because of uncontrolled frequent or severe seizures. They understood that the anti-epileptic medication controlled or managed the condition thereby allowing them to function normally. It was noted that the majority of the respondents had indicated that the type and severity of seizures was a restriction to employment of people with epilepsy, because the type of occupation could be a hazard to the person with a condition and a liability to the organisation. Thus the differential effects of epilepsy influenced the perceptions of employers in employing people with epilepsy.

5.2.5 The perceptions of employers in employing people with epilepsy

The overall responses of the respondents had shown that even though organisations had slight reservations about employing people with epilepsy, it seemed, according to the results, that they were not applying any discriminatory employment practises. Some respondents had indicated that employing people with epilepsy presented a problem as their industries were not suitable for them. Therefore, employers did not have negative perceptions in employing people with epilepsy.

5.2.6 Hypothesis

The hypotheses had been proved to be null as the findings had shown that people did have some knowledge about epilepsy and understood the condition as exposed to them; employers were more concerned about the health and safety of the individual and not about

discrimination, stigma and isolation in the workplace; and the restriction to employment was not based on fears and misconceptions about epilepsy, but on the type of industry being suitable (safe) for a person with epilepsy.

5.3. Recommendations

This section will be presenting the recommendations based on the research findings and they are being offered to the employers, Department of Labour and Epilepsy South Africa of the Western Cape.

5.3.1 Employer recommendations

The results had shown that employers had no reservations in employing people with epilepsy. It was noted that even though they had no reservations, in general, they did not have that working relationship with the disability sector and the know-how of epilepsy. The following recommendations are not that dissimilar from a study by Jacoby *et al.*, (1995 & 2005). Nonetheless, below are the researcher's recommendations to the employer:

- It is recommended that the employers should not work in isolation; they must endeavour to bridge the gap and engage with organisations in the disability sector. For example, the employers may invite the disability organisations to an open day event of their companies or career fairs where employers would engage the disability sector. Thus, by networking relationships are built.
- It is recommended that employers have a positive approach to epilepsy and be knowledgeable about the principles for employing a person with epilepsy namely work related aptitudes, job suitability and skills.
- It was noted that some employers preferred to have potential job applicants disclose their epilepsy. However, this may be a cause of concern and it is recommended that employers must not have blanket prohibitions in their recruitment and selection. The employer should decide suitability for a particular job before any implications arising from the job applicant's epilepsy are considered. If a medical opinion is sought, the

guidance should be based on knowledge of the particular job and details of the individual's epilepsy.

- It is recommended that if an employer is not knowledgeable about epilepsy and seizure management, they must get training in epilepsy management in the event that an employee has seizures for the first time at the workplace.
- In the research findings employers were more concerned about the health and safety of the individual and not about discrimination, stigma and isolation in the workplace. However, it is recommended that the employer assist the employee to disclose the epilepsy status to work colleagues if seizures occur at work.
- In the research findings it was noted that some of the respondents had a policy on disability. It is recommended that in their policies it must clearly be stated, if there were any special job restrictions, about how they are to be implemented, reviewed, or lifted, in terms of set time periods; and if, despite proper medical attention, redeployment to another job is necessary, appropriate counselling and vocational guidance and if necessary rehabilitation services should be made available at an early stage.
- The results had shown that the employers had agreed that reasonable accommodation for people with epilepsy was not costly. It is recommended that employers contact Epilepsy South Africa for guidance in regards to accommodating people with epilepsy so as to reduce the risk to an acceptable level.

5.3.2. Department of Labour recommendations

In regards to the statutes of South Africa such as the Employment Equity Act (No.55 of 1998) and the Code of Good Practice, the results had indicated that majority of the respondents did not have a disability policy within their organisation and none of them had ever received a warning for not being compliant with the legislation. It is recommended that the Department of labour vigilantly ensure that employers are compliant and are enforcing the legislation so that unfair discriminatory practises are avoided. Further in affirming the

researcher's recommendation, the Employment Equity Act (No.55 of 1998) clearly states in Chapter Four Monitoring, enforcement and legal proceedings (sections 34 – 51) in terms of section 25 (1) that:

- Existing legislation must be scrutinised for compliance with the constitutional principles.
- All legislation should be framed within the context of the agreed policy objectives relating to disability. In line with these objectives, it should:
 - involve the disabled sector in discussions with regard to proposed legislation and
 - seek inter-sectoral co-operation amongst all public and private sector stakeholders
- Monitoring is an essential element in the upholding of the human rights generally. The Department of Labour could use it as a corrective tool against the violated rights of the disabled persons. The objective is to establish a system of monitoring at all levels in the private sectors as well as all spheres of the government in the public sectors.
- The Department of Labour must endeavour to involve the disability sectors in the monitoring and evaluation of the corporate compliance in disability employment.
- The Department of Labour must measure trends and patterns of discrimination on the grounds of disability both at individual and systemic level. It can also be used as an educative tool to create awareness.

5.3.3. Epilepsy South Africa

This section will present the recommendations through the following sub headings marketing and programme development.

5.3.3.1 Marketing

The findings had shown that employers in general thought that Non Governmental Organisations did not represent and promote the disability sector adequately. It was noted that majority of the respondents did not know about Epilepsy South Africa of the Western Cape and its services. However, based on their interest in engaging Epilepsy South Africa, the researcher recommends [not dissimilar to Lake's (2009) eight basic steps to marketing] that Epilepsy South Africa should consider aggressive marketing for their organisation to be visible to the corporate businesses such as:

i. Developing brochures and marketing materials

Epilepsy South Africa should consider developing brochures and marketing materials that describe the benefits, services, donation opportunities and values of the organisation. The materials should persuade our prospects and inform them that the organisation has something valuable to offer them.

ii. Social media

Epilepsy South Africa should consider using the social media, for example, blogging, podcasting, message boards, social networking, video blogging, facebook, tweeter and wikis [according to the Social Media News (2011) social media has a success rate of 93%]. The reason being that social media is a cost effective option of marketing without needing an exorbitant amount of funding with better return-on-investment than traditional marketing efforts. It would enable Epilepsy South Africa to create relationships and engage with their constituents. It should be taken into account that when entering into social media especially if the organisation does it internally to create a social media policy and marketing plan that would uphold the core principles of the organisation.

iii. Maintaining professional internet marketing

Epilepsy South Africa should maintain a professional internet marketing presence of the existing epilepsy website. The organisation must keep up to date useful information, news,

monthly newsletter, events, create community share, share alternatives to donating money and showcase the benefits of the organisation.

iv. Actively searching for Alliances

Epilepsy South Africa should always actively search for alliances with other organisations, commerce, government, advertising media and businesses.

5.3.3.2 Development of Programmes

The study results had shown that employers did not have internship programmes for people with disabilities and they would consider employing a person with a disability on a trial basis. The findings showed that employers would attend workshops informing them about epilepsy management, benefits of employing people with epilepsy and accessing Epilepsy South Africa ongoing support or coaching services for people with disabilities employed within their organisations. Nonetheless, based on the aforementioned findings, the researcher recommends that Epilepsy South Africa [or other disability organisations] develop employers wellness programme and a job coaching programme. For instance:

i. Wellness programme

The aim of the programme would be educating and sensitizing employers about epilepsy and employing people with epilepsy. The objective of the programme would be to eradicate the myth and misunderstandings about employing people with epilepsy; to change the attitudes of employers in employing people with epilepsy; to educate employers about epilepsy and the advantages or benefits of employing people with epilepsy; and to raise awareness about the job coaching programme beneficial for the companies at no cost. The programme will incorporate the use of the already existing programmes of Epilepsy South Africa such as Epilepsy Education and Training and Adult Disability Sensitization. The target group would be corporate companies in the Western Cape small and big enterprises, that is, those stipulated in the Employment Equity Act (No. 55 of 1998) as designated employers. Further, as this programme is educationally based, it is recommended that the programme

implemented be presented in workshop format with futuristic follow up evaluations to see the impact of the workshop trainings.

ii. Job coaching programme

It was noted that the majority of the respondents had stipulated that the factor they would consider before employing someone with epilepsy included their qualifications, competence and access to support services from Epilepsy South Africa. However, the aim of the programme would be to provide vocational (technical or practical job skills) rehabilitation services for work experience or transitional employment. The reason being that the services rendered by Epilepsy South Africa amongst others are developmentally centred and entrenched in the human rights based approach. The target would be individuals who have epilepsy that would require some coaching to enter the open labour market (or already employed) but not require coaching for the entire work life. The job coach would use structured intervention techniques to help an employee learn to perform job tasks to the employer's specifications and learn interpersonal skills necessary to be accepted as a worker at the job site and in related community contacts.

Further, the job coaching programme would include job development and life skills training namely transitional employment. The goal of transitional employment would be to shift the support of the individual needs from the job coach to regular on-site supervising staff, in which there would be a strong employer, employee relationship. In addition, this programme would also focus (needs based) on assisting and supporting employers with reasonable accommodation.

Therefore, developing and equipping people with epilepsy will give them a competitive advantage in participating in the open labour market, as well as making the transitional process easy when the corporate employers are educated and sensitised about employing a person with epilepsy.

5.4. Conclusion

This chapter summarily presented the key conclusions based on the findings. The recommendations given had been mainly for Epilepsy South Africa of the Western Cape [as they are in position of providing immediate relevant intervention], employers, and the Department of Labour. The quantitative methodology had proved to be an effective tool in collecting diverse data in order to obtain a range of unique findings. This research had explored the perceptions of employers in employing people with epilepsy. However, further research needs to be conducted on a national level so that more knowledge about epilepsy and employment is explored in- depth. Therefore, it is with hope that the study had provided some insight into the perceptions of employers and their actual employment practices in employing people with epilepsy.

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APPENDIX I: SURVEY

- PLEASE NOTE THIS IS THE SURVEY IN UNI-CODE FORMAT, AND THUS IT IS LESS DYNAMIC THAN THE ONLINE VERSION WHICH CAN BE RETRIEVED AT:

<HTTP://WWW.SURVEYGIZMO.COM/S3/383691/58104A5933EB>

EPILEPSY: AN EXPLORATORY STUDY OF THE BUSINESS SECTORS' PERCEPTIONS OF EMPLOYABILITY

Page One

University of Cape Town

Department of Social Development

MSocSc Social Policy and Management

Researcher: Ms. J. Kanhema 0729850460

Supervisor: Associate Professor A. Smit 021 6503483

Dear Manager

My name is Joyce Kanhema. I am registered for the Masters Degree in Social Policy and Management at the University of Cape Town. Your organisation has been chosen to take part in this research based on your membership of the Chamber of Commerce and Industry of the Western Cape.

The purpose of this survey is to get more detailed information from Human Resource Managers in determining organizational practices and perceptions surrounding the employment of individuals with epilepsy. Your participation is greatly appreciated and is purely for research purposes as only through your response, can we begin to understand the issues of employing people with epilepsy. Your responses will be confidential and anonymous. The name of the organisation is not necessary, but your answers are essential. The questionnaire should only take 15-20 minutes to complete. In this questionnaire you are

asked to indicate your perceptions and there are no “right” or “wrong” answers to any question.

As the manager, I understand that your time is valuable, but sincerely hope that you will take part in this study to further knowledge in this unexplored field. Following the survey you will have the opportunity of requesting a summary of the research findings if you so choose. Thank you very much for participating!

The completed Survey is confidential

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SECTION A: ORGANISATIONAL DATA

1) Business Classification as registered with the Western Cape Chamber of Commerce and Industry(Please tick the appropriate box that best classifies your organisation)

*

- ☐ Agent
- ☐ Manufacturer
- ☐ Retail
- ☐ Services
- ☐ Wholesaler
- ☐ Other (specify)

2) Does your organization employ people with disabilities?

- ☐ Yes
- ☐ No

3) What turnover was reflected in your audited financial year ending in 2009?

4) Please indicate the current number of employees that have disabilities.

5) If you employ people with disabilities, please indicate the nature of the disability within your organization. (you can tick more than one)

- ☐ Deaf and Hard of hearing
- ☐ Blindness and Vision Impairment
- ☐ Epilepsy
- ☐ Physical disabilities
- ☐ Psychiatric disabilities
- ☐ Learning disability
- ☐ Speech and Language Impairment
- ☐ Other (specify)

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SECTION B: KNOWLEDGE ABOUT EPILEPSY

*6) Please indicate what you understand by the term "Epilepsy". (Optional to tick more than one).**

- ☐ Neurological condition
- ☐ Supernatural disease
- ☐ Inherited
- ☐ Disease or Illness
- ☐ Spiritual disease
- ☐ Do not know
- ☐ Other (explain)

*7) Please indicate the type of Epilepsy seizures you are familiar with. (Optional to tick more than one).**

- ☐ Absence (petit mal)
- ☐ Tonic clonic (grand mal)
- ☐ Myclonic
- ☐ Tonic
- ☐ Atonic

- ☐ Simple partial
- ☐ Complex partial
- ☐ Not familiar with any
- ☐ Other (explain)

*8) Please tick one cause of Epilepsy.**

- ☐ Head injury
- ☐ Down syndrome
- ☐ Drugs and alcohol abuse
- ☐ Mental illness
- ☐ Brain infections
- ☐ Do not know
- ☐ Other (explain)

9) Do you know someone with Epilepsy?

- ☐ Yes
- ☐ No

10) Please indicate what happens when someone has a seizure. (You can tick more than one)

- ☐ Losing colour and foaming at the mouth
- ☐ Convulsions/ shaking/ muscle jerking
- ☐ Loss of consciousness
- ☐ Biting tongue and choking
- ☐ Catalepsy
- ☐ Amnesia
- ☐ Rolling eyes/ eyes turning back
- ☐ Do not know
- ☐ Other (explain)

11) Please indicate what you would do if you happened to see a person having a seizure.

(Optional to tick more than one).

- ☐ Take the person to a hospital
- ☐ Make the person hold a bunch of keys
- ☐ Sprinkle water over the face
- ☐ Roll the person into a recovery position
- ☐ Burn incense
- ☐ Massage the body
- ☐ Do not know
- ☐ Other (explain)

12) Are you aware of the different types of medication that can be used to control seizures?

- ☐ Yes
- ☐ No

13) If yes to question 12, do you think the medication has side effects that decrease productivity in the workplace?

- ☐ Yes
- ☐ No

14) People die from seizures.

- ☐ Yes
- ☐ No
- ☐ Do not know

15) Epilepsy can affect anyone, at any age.

- ☐ Yes
- ☐ No
- ☐ Do not know

16) Do you think Epilepsy is contagious?

- ☐ Yes
- ☐ No
- ☐ Do not know

17) Is it possible to tell if a person has Epilepsy by looking at them?

- ☐ Yes
- ☐ No
- ☐ Do not know

18) Approximately, how many people in the South Africa do you think have Epilepsy?(tick one)

- ☐ 1 in every 100 population
- ☐ 1 in every 200 population
- ☐ Do not know

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SECTION C: OBSERVABLE ACTUAL BEHAVIOURS

*19) Are you familiar with the contents of the Employment Equity Act (Act 55 of 1998) in regards to Epilepsy and employment?**

- ☐ Yes
- ☐ No
- ☐ Do not know

*20) Are you familiar with the Code of Good Practice in the employment of people with Epilepsy stipulated in the Employment Equity Act of 1998?**

- ☐ Yes
- ☐ No
- ☐ Do not know

*21) Does your organization have a policy on the employment of people with disabilities?**

- ☐ Yes
- ☐ No
- ☐ Do not know

22) Has your Disability Policy been implemented within your organisation?

- ☐ Yes
- ☐ No
- ☐ Do not know

*23) Does the policy include the employment of people with Epilepsy?**

- ☐ Yes
- ☐ No
- ☐ Do not know

24) Do you think the policy should be revised?

- ☐ Yes
- ☐ No
- ☐ Do not know

*25) Have you ever employed a person with Epilepsy?**

- ☐ Yes
- ☐ No
- ☐ Do not know

26) Do you think the labour legislation has been implemented within your organisation in regards to the employment of people with disabilities ?

- ☐ Yes
- ☐ No
- ☐ Do not know

27) Has your organisation been given a warning on non compliance in employing people with disabilities?

☐ Yes

☐ No

☐ Do not know

28) Do you think it is difficult to employ people with a disability when the open labour market is filled with unemployed people?

☐ Yes

☐ No

☐ Do not know

*29) Please respond to these statements with: Strongly Agree; Agree; Disagree; Strongly Disagree or Do not Know**

	Strongly disagree	Disagree	Do not know	Agree	Strongly agree
Epilepsy is a Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My organisation has reservations about employing someone with Epilepsy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employing someone with Epilepsy has a high rate of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

risk (safety) issues for the organisation.					
In general, people with Epilepsy are dangerous for the workplace.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My organisation would be concerned about stigma and discrimination within the workplace.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People with Epilepsy are not able to cope in the work environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People with Epilepsy have indicators of poor performance and cannot be relied on.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People with Epilepsy have	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

a high rate of sick leave.					
It is costly to accommodate people with Epilepsy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People with Epilepsy do not enjoy same pension benefits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most people with Epilepsy cannot work because of uncontrolled frequent or severe seizures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti-epileptic medication reduces people's ability to work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti-epileptic medication causes drowsiness and increases the need for sleep.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

organisation would employ people with Epilepsy only if forced by a legislative obligation.					
The type and severity of the seizures determines the employment of people with Epilepsy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A medical certificate would be required for employing people with Epilepsy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The exclusion of people with Epilepsy for employees' accident liability insurance restricts the employment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A failure to declare or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

disclose Epilepsy status can result in instant dismissal.					
People with Epilepsy cannot be promoted as this would increase their levels of stress associated with the demands of work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People with Epilepsy should disclose their disability in a cover letter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During a seizure a person with Epilepsy is capable of violent behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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SECTION D: FUTURE ORGANISATIONAL PLANS

*30) Have you ever heard of Epilepsy South Africa of the Western Cape?**

☐ Yes

☐ No

31) Have you ever used the services of Epilepsy South Africa?

☐ Yes

☐ No

*32) Do you know of the psychosocial assessment services provided by Epilepsy South Africa for organizations to determine the employment suitability of people with Epilepsy?**

☐ Yes

☐ No

*33) Would you consider utilising such services?**

☐ Yes

☐ No

*34) Has your organization ever received training with regards to Epilepsy and Seizure management in the workplace?**

☐ Yes

☐ No

☐ Do not know

*35) Would your organisation be interested in receiving such training from Epilepsy South Africa?**

☐ Yes

☐ No

*36) What factors would you consider when employing someone with Epilepsy ? (Optional to tick more than one).**

☐ The person is qualified for the job

☐ Availability of funds to accommodate employees with Epilepsy within the workplace

☐ Access to a nurse on the premises

☐ Type of Epilepsy (whether it is severe or mild)

☐ The number of times a person with Epilepsy has a seizure in a week.

☐ Professional indemnity insurance in case of injuries

☐ Disclosure of Epilepsy status

☐ Medical certificate indicating ability to work

☐ Epilepsy South Africa's psychosocial assessment (i.e. support services)

☐ The behaviour of the person with Epilepsy during a seizure (capable of violence)

☐ The person with Epilepsy is able to work under pressure (stress related work)

☐ The person with Epilepsy has a certificate stipulating full mental stability

☐ The person with Epilepsy is compliant with the Anti-epileptic medication

☐ The person with Epilepsy is able to produce a quarterly medical certificate that proves their adherence to medication.

☐ The person with Epilepsy has undergone a neuropsychological assessment (in the areas of intelligence, memory, speed, digestion of information, and personality.)

☐ Availability of Epilepsy South Africa's psychosocial assessment.

☐ Access to the support services from Epilepsy South Africa.

☐ Other (Explain)

37) If you were to be offered financial benefits from the Government, would you consider employing people with Epilepsy?

☐ Yes

☐ No

☐ Do not know

38) Do you think Non Governmental Organisation's are adequately promoting the suitability of people with disabilities to work in the open labour market?

- ☐ Yes
- ☐ No
- ☐ Do not know

39) Do you use an employment agency in recruiting employees?

- ☐ Yes
- ☐ No
- ☐ Do not know

40) Do you think the employment agencies are placing adequate members of people with disabilities?

- ☐ Yes
- ☐ No
- ☐ Do not know

*41) Please indicate the benefits of employing people with Epilepsy? (Optional to tick more than one).**

- ☐ It would enhance good people relations
- ☐ It would increase our chances of accessing tendering contracts
- ☐ The organization will be eligible for economic incentives such as a tax reduction.
- ☐ It would increase the chances of getting subsidies
- ☐ Improvement on the Broad Based Black Empowerment (BBBE) scoring status
- ☐ Enhancing the reputation and or brand of the organization
- ☐ Positive effect on overall employee morale
- ☐ Increase in a diverse workforce with a culture of inclusion
- ☐ Increase in corporate social responsibility (CSR)
- ☐ Increase in loyalty and commitment to the organization
- ☐ Low Employee Turnover as people with disabilities seldom leave their places of employment
- ☐ Development of dedicated and reliable Employees
- ☐ Increased community support

☐ Other (Explain)

42) Do you have an internship programme for people with disabilities?

☐ Yes

☐ No

☐ Do not know

43) Would you consider 'employing' a person with a disability on a trial basis?

☐ Yes

☐ No

☐ Do not know

44) Would your organization be interested in strengthening partnerships with NGO's in the disability sector?

☐ Yes

☐ No

☐ Do not know

45) If there was a workshop informing companies about the benefits of employing people with disabilities, would you attend?

☐ Yes

☐ No

☐ Do not know

46) If there was a workshop on accessing services for ongoing support or coaching services for people with disabilities employed within the organisation, would you attend?

☐ Yes

☐ No

☐ Do not know

47) If you are interested in the services of Epilepsy South Africa, what is your organizations name and number? (OPTIONAL)

48) Any comments you would like to make for this Survey?

Thank You!

Thank you for taking our survey. Your response is very important to us.

Appendix II

Dear Manager

My name is Joyce Kanhema. I am registered for the Masters degree in Social Policy and Management at the University of Cape Town, South Africa. My research is an exploratory study of employers' perceptions of employing people diagnosed with Epilepsy.

I appreciate that as a manager your time is valuable but nonetheless sincerely hope that you will take part in this study to further knowledge in this unexplored field. [Statistics](#) reveal that persons with disabilities typically face extraordinary obstacles in finding employment. This is evident in their significantly higher levels of un- and under-employment compared to the general population.

Your participation in this survey is crucial as this would guide organisations that assist the disabled to develop more effective strategies that will result in increased employment for the disabled in the open labour market. On completion of the study you may request a summary of the findings

Below you will find a link that will direct you to the on-line survey. Please click on the link or copy and paste it into a separate browser.

<http://www.surveygizmo.com/s3/383691/58104a5933eb>

As the survey wishes to determine current perceptions please complete the electronic questionnaire no later than by the end of May. Thank you very much for your time and effort. Your responses will be greatly appreciated!

If you have any questions, please do not hesitate to contact me at:

socdev2.wc@epilepsy.org.za

Regards

Joyce Kanhema

Appendix III

Dear Manager

My name is Joyce Kanhema, student number KNHJOY001. I am registered for the Masters degree in Social Policy and Management at the University of Cape Town. My research is an exploratory study of employers' perceptions of employing people diagnosed with Epilepsy.

This is a follow up email as your participation in this survey is crucial. Your responses will have a vital role guiding organisations that assist the disabled to develop more effective strategies that will result in increased employment for the disabled in the open labour market. On completion of the study you may request a summary of the findings.

Below you will find a link that will direct you to the on-line survey. Please click on the link or copy and paste it into a separate browser.

<http://www.surveygizknhjoy001@mo.com/s3/383691/58104a5933eb>

Thank you very much for your time and effort. Your responses are greatly appreciated!

Regards

Joyce Kanhema

Appendix IV

Please note for the upholding of confidentiality, the correspondents' identity were kept anonymous. The third request was sent on behalf of the researcher, and below is the initial request and the final outcome.

Request:

Dear...

Your assistance please... One of our social workers, Joyce Kanhema is doing her Masters at UCT. Her focus is on exploring the perceptions of employers who are members of the Chamber about employing people with Epilepsy. The problem she is experiencing in implementing the study is the poor response rate from companies. She would like to know if she could contact you to discuss possibilities of how she could go about improving the response rate. I endorse her study as it would provide us with empirical data that could be used in developing our programmes...

Response to request:

Hi Joyce

Thank you for your interest in collaborating with the Chamber. We are currently sending out around three to four Chamber event notifications to our members each day. In an effort to keep our communications down to a reasonable level we are unfortunately not in a position to send out email notifications on behalf of any third parties. I have however, asked that we publish this link to the survey on our website. I do hope this helps you and your worthy initiative in some way

Appendix V

Please note for the upholding of confidentiality, the respondents identity was kept anonymous.

Respondent 1:

Dear Joyce,

We are in engineering and work in a dangerous environment. My knowledge about this Epilepsy is limited and cannot comment on your questionnaire. We work with heavy machinery and cannot consider anyone with any type of disability as teamwork is of utmost importance and taking medicine to control the condition might have side effects which might again affect the behavior.

Sorry for not being of more assistance in your project.

Kind regards...

Respondent 2:

Dear Joyce,

We work in a factory environment with heavy moving machinery which makes it not possible for danger reasons to employ anyone with epilepsy, blindness or poor sight, or hearing deficiency. Therefore there is no point in our doing this survey.

Kind regards...

Respondent 3:

Dear Joyce,

All the employees (4 in number) perform the installations on (industrial) construction sites and have to be medically and psychologically fit to work at heights (above 2 meters) as required by the construction regulations.

Kind regards...